Health Canada

2008-2009
Report on Plans and Priorities

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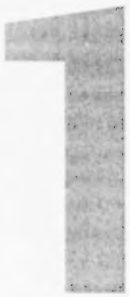


2008 - 2009 DEPARTMENTAL OVERVIEW

1. Minister's Message

It is my pleasure to present to you Health Canada's *2008-2009 Report on Plans and Priorities*. Health Canada is committed to making this country's population among the healthiest in the world.

Health continues to be important for the Government of Canada. As Minister of Health, I am pleased to see that this report builds on the progress we made in 2007. In the last planning period, we followed through on our commitment to establish Patient Wait Times Guarantees. All ten provinces and three territories agreed to establish guarantees by 2010, supported by more than $600 million in federal funding. In the coming period, we will support provinces and territories as they work to reach their goals.

In 2007, we successfully created the Mental Health Commission of Canada. This Government committed $55 million over five years, which will enable the Commission to serve as the national focal point for mental health and mental illness. In 2008-09, the Government of Canada will support the Commission as it builds the national approach we need to improve the quality of life for Canadians and their families dealing with mental illness.

Canadians have told us they are concerned about the safety of the food and products they buy and use, and our government shares these concerns. The 2007 Speech from the Throne committed to introducing measures on food and product safety to ensure that families can have confidence in the quality and safety of what they buy. That is why this government announced the Food and Consumer Safety Action Plan, a comprehensive set of proposed new measures that will make Canadians safer by introducing tougher federal legislation and regulation of food, health and consumer products.

Our government is keenly aware of the important link between health and the environment. As highlighted in the 2007 Speech from the Throne, Health Canada will continue to work with its partners to continue carrying out health and environment initiatives such as the Chemicals Management Plan, Clean Air Agenda and National Water Strategy.

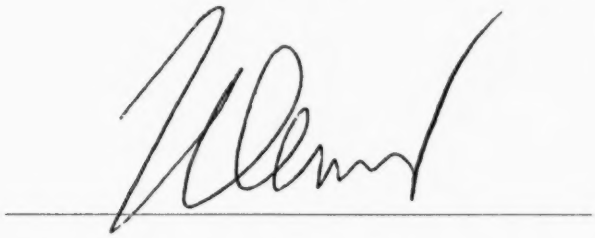
On a related note, our Government will continue efforts to improve clean drinking water in Aboriginal communities. We will also work to improve First Nations and Inuit health outcomes by continuing to develop the first-ever Patient Wait Times Guarantees for federally funded health services in First Nations communities. We will continue working to improve the overall health of First Nations and Inuit people, support the availability of and access to quality health programs and services, and develop capacity to support delivery of health services by First Nations and Inuit communities.

This planning period will also include continuing efforts to inform and protect Canadian families against the perils of controlled and illicit substances. We will work toward further driving down the prevalence of smoking among Canadian youth and implementing the National Anti-Drug Strategy to reduce both the supply and demand of illicit substances to safeguard our communities and

benefit individual health.

In striving to get results for Canadians on all health matters, sound science is the basis of all of our Department's decisions and actions. As a result, Health Canada is working to develop a Science and Technology Strategy (S&T) that will strengthen the role of S&T within the Department, position Health Canada's S&T efforts to support government-wide activities, and allow the Department to develop a consistent set of science priorities over the next five to ten years.

This report is forward looking and responsive to Canadians' health needs. Health Canada remains committed to working to protect the health and safety of Canadians.



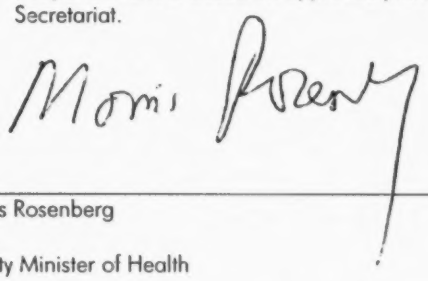
Tony Clement
Minister of Health, and Minister for the Federal
Economic Development Initiative for Northern Ontario

2. Management Representation Statement

I submit for tabling in Parliament the 2008–09 Report on Plans and Priorities for Health Canada.

This document has been prepared based on the reporting principles contained in the *Guide to the Preparation of Part III of the 2008–09 Estimates: Reports on Plans and Priorities and Departmental Performance Reports*:

- it adheres to the specific reporting requirements outlined in the Treasury Board of Canada Secretariat guidance;
- it is based on the department's strategic outcomes and program activities that were approved by the Treasury Board;
- it presents consistent, comprehensive, balanced, and reliable information;
- it provides a basis of accountability for the results achieved with the resources and authorities entrusted to it; and
- it reports finances based on approved planned spending numbers from the Treasury Board of Canada Secretariat.



Morris Rosenberg

Deputy Minister of Health

Health Canada's 2008-2009 Report on Plans and Priorities

The Report on Plans and Priorities is Health Canada's key planning and priority-setting document. It provides an overview of the work of the Department, the external and internal challenges it faces and the expected results that will be delivered to Canadians in the coming three years. It also summarizes planned expenditures and outlines performance measurement activities.

3. Raison d'être

Health Canada was established in 1996 through the *Department of Health Act*. It is the federal department responsible for helping Canadians maintain and improve their health. Health Canada is committed to improving the lives of all Canadians and to making this country's population among the healthiest in the world as measured by longevity, lifestyle and effective use of the public health care system.

4. Organizational Information

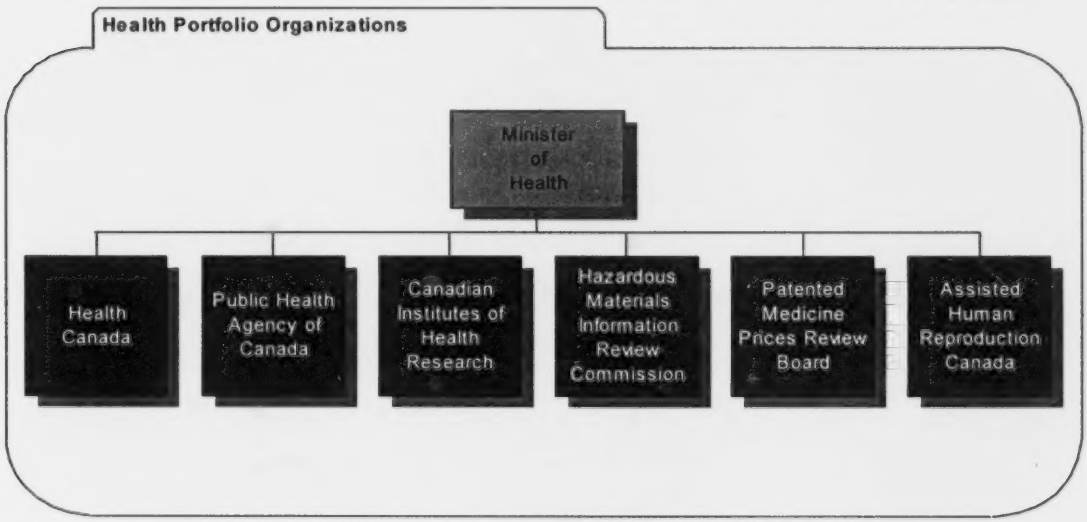
HEALTH PORTFOLIO OVERVIEW

The Minister of Health is supported by the Health Portfolio which comprises Health Canada, the Public Health Agency of Canada, the Canadian Institutes of Health Research, the Hazardous Materials Information Review Commission, the Patented Medicine Prices Review Board, and the Assisted Human Reproduction Canada. Each member of the Portfolio prepares its own Report on Plans and Priorities.

The Health Portfolio consists of approximately 12,000 full-time equivalents and an annual budget of over $3.8 billion. Health Canada provides policy leadership and coordination among portfolio members as appropriate to ensure a coherent approach to addressing health priorities.

ABOUT HEALTH CANADA

Health Canada fulfills its mission by supporting


Health Portfolio Organizations
Minister of Health
Health Canada
Public Health Agency of Canada
Canadian Institutes of Health Research
Hazardous Materials Information Review Commission
Patented Medicine Prices Review Board
Assisted Human Reproduction Canada

activities that preserve Canada's health care system; enhance and protect the health of Canadians; and communicate with Canadians about health promotion, disease prevention and safety messaging through the following roles and responsibilities:

- ***Leader/partner*** through the administration of the *Canada Health Act*, which embodies national principles to ensure a universal and equitable publicly-funded health care system, and through collaboration with provincial and territorial partners and stakeholders on reform initiatives;

- ***Funder*** through policy support for the federal government's Canada Health Transfer to provinces and territories, the transfer of funds to First Nations and Inuit organizations and communities for community health services delivery, and grants and contributions to various organizations to help meet Health Canada's objectives;

- ***Guardian/regulator*** through legislation and regulation of drugs and medical devices, consumer products and food, pesticides, chemicals, nuclear and radiological safety, illicit drugs, and through the use of science to assess health risks to Canadians and put into place mechanisms to mitigate these risks;

- ***Service provider*** through the provision of health services to First Nations and Inuit (public health and community health programs on-reserve and in Inuit communities outside of the territories, non-insured health benefits coverage regardless of residence, select primary care services on-reserve in remote and isolated areas where no provincial services are readily available); and,

- ***Information provider*** through the generation and sharing of knowledge and information on which personal decision-making, regulations and standards, and innovation in health rely.

HEALTH CANADA: A PARTNER IN AN INTERWOVEN COMMUNITY OF STAKEHOLDERS

The responsibility for promoting, protecting and improving the health of Canadians does not rest solely with a specific level of government, the health professions or Canadians themselves. The responsibility rests within an interwoven community of collaborating stakeholders that each contributes to this goal. Outside of the Health Portfolio, Health Canada frequently relies on collaboration with many other groups and organizations, including:

- provinces and territories – who bear primary responsibility for health care administration and delivery, and have their own roles in health protection and promotion. A strong relationship with provincial and territorial counterparts is a critical factor in achieving our mandate;

- Aboriginal organizations – at the national, regional and local levels. To set priorities, deliver programs and services effectively, it is essential to work with these organizations in several ways, from shaping overall policy to devolving program responsibility where local capacity is in place;

- national health organizations – in recent years, the institutional landscape in health has evolved with the establishment of new organizations to advance key priorities in health care, typically involving shared governance between the federal and provincial and territorial governments;

- scientific organizations – both nationally and internationally, ranging from the universities and academic research institutes and networks to specialized agencies such as the World Health Organization; and,

- stakeholders – from industry groups to health charities to public policy advocates to health professionals such as physicians and nurses, the range of stakeholders

relating to the Department is enormous. Some of the Minister's and Department officials' time will be given to stakeholder relations; they are a source of ideas, advice, criticism, support, information, and pressure for action.

HEALTH CANADA: A SCIENCE-BASED DEPARTMENT

Health Canada depends on sound science and research to fulfill its regulatory and policy mandate. In 2006-07, the Department spent an estimated $331 million on science and technology (S&T), consisting of $63 million on research and development (R&D) and $268 million on related scientific activities (RSA). Of the $331 million S&T expenditures, $307 million was for internal S&T activities and $24 million was for S&T activities conducted outside of Health Canada.

Because of the scope of Health Canada's RSA and R&D responsibilities, the Department depends on the work of scientists in a range of fields, including the natural and life sciences and social sciences. These scientists conduct the RSA and R&D that the Department needs to address science challenges in support of its mandate. In 2006-07, Health Canada employed 2,900 science personnel, one quarter of whom undertake R&D with the remainder undertaking RSA activities (e.g. using science for policy and regulatory decision making). Departmental scientists work at the Department's headquarters and in various laboratories located across the country.

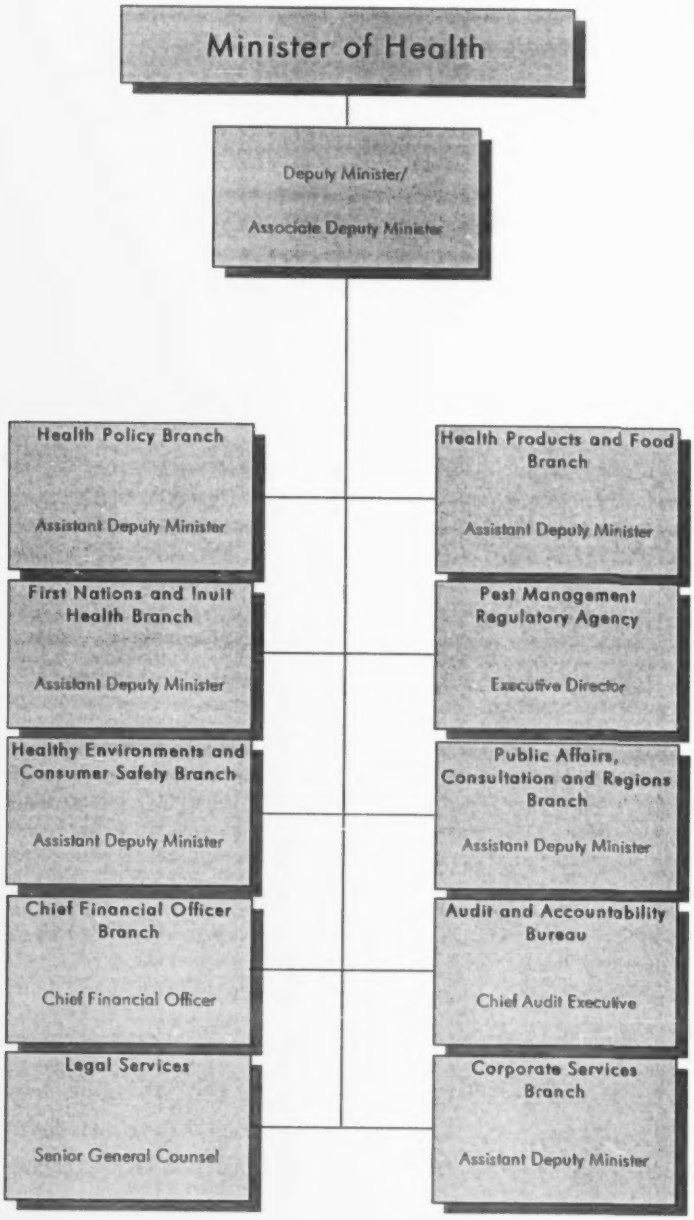
Departmental scientists perform a wide variety of essential functions, they provide leading-edge science, sound policy research, and effective program and service development; provide knowledge to Canadians, health care workers and other public and private sector stakeholders to enable them to make sound choices to protect health and the environment, through research, evaluation, risk assessment, risk management and surveillance; monitor and research the health threats from environmental factors such as toxic substances, air and water pollution, climate change; and foster sound decision-making and policy-development by all stakeholders to help reduce health risks.

Health Canada is working to further strengthen and enhance its science activities. For example, the Department is working to develop a S&T Strategy that will strengthen the role of S&T within the Department, ensure responsiveness to current and future needs of Canadians, strategically position Health Canada's S&T efforts relative to government-wide S&T activities, and allow the Department to develop a consistent set of science priorities over the next five to ten years.

HEALTH CANADA'S ORGANIZATIONAL STRUCTURE

Health Canada has approximately 8,700 full-time equivalents across Canada. Roughly one third work outside the National Capital Region, providing close proximity to communities and clients, thereby facilitating the design and delivery of programs and services that are responsive to local issues, priorities, and needs of the diverse regions of Canada.

HEALTH CANADA'S ORGANIZATIONAL CHART



HEALTH CANADA AT A GLANCE

Type of Organization	Federal department, funded by Parliament
Mission	To help the people of Canada maintain and improve their health
Vision	Improving the lives of all Canadians and making this country's population among the healthiest in the world as measured by longevity, lifestyle and effective use of the public health care system
Strategic Outcomes	• Accessible and Sustainable Health System Responsive to the Health Needs of Canadians • Access to Safe and Effective Health Products and Food and Information for Healthy Choices • Reduced Health and Environmental Risks from Products and Substances, and Sustainable Living and Working Environments • Better Health Outcomes and Reduction of Health Inequalities Between First Nations and Inuit and Other Canadians
Government of Canada Outcomes Directly Supported	Healthy Canadians A safe and secure world through international co-operation A clean and healthy en[illegible]nt
Enabling Legislation	*Department of He[illegible]*
Acts Administered	*Assisted Human Reproduction Act* *Canada Health Act* *Controlled Drugs and Substances Act* *Food and Drugs Act* *Hazardous Products Act* *Pest Control Products Act* *Pesticide Residue Compensation Act* *Radiation Emitting Devices Act* *Tobacco Act* *Canadian Environmental Protection Act, 1999* (co-administered)
Program Activities	Canadian Health System Canadian Assisted Human Reproduction International Health Affairs Health Products Food and Nutrition Sustainable Environmental Health Consumer Products Workplace Health Substance Use and Abuse Pesticide Regulation First Nations and Inuit Health Programming and Services
Reporting to Parliament	Health Canada reports to Parliament through the Minister of Health.

5. Program Activity Architecture (PAA) Crosswalk

2008 - 09												
($ millions)	Canadian Health System	Canadian Assisted Human Reproduction	International Health Affairs	Health Products	Food and Nutrition	Sustainable Environmental Health	Consumer Products	Workplace Health	Substance Use and Abuse	Pesticide Regulation	First Nations and Inuit Health Programming and Services	Total
Health Policy, Planning and Information	306.3	2.1	28.7									337.1
Health Products and Food				186.5	77.9							264.4
Healthy Environments and Consumer Safety						165.4	24.2	34.8	152.9			377.3
Pest Control and Product Regulation										60.5		60.5
First Nations and Inuit Health											2,156.0	2,156.0
Total	306.3	2.1	28.7	186.5	77.9	165.4	24.2	34.8	152.9	60.5	2,156	3,195.3

Note: These figures represent planned spending adjustments to main estimates.

6. Voted and Statutory Items Displayed in the Main Estimates

($ millions)

Vote or Statutory Item	Truncated Vote or Statutory Wording	2008-09 Main Estimates	2007-08 Main Estimates
1	Operating expenditures	1,661.6	1,691.0
5	Capital expenditures	60.0	0.0
10	Grants and contributions	1,358.1	1,225.9
(S)	Minister of Health - Salary and motor car allowance	0.1	0.1
(S)	Contributions to employee benefit plans	110.9	111.3
	Total Department	**3,190.7**	3,028.3

The difference between the 2008-09 Main Estimates and the 2007-08 Main Estimates is due to various increases and decreases to the reference levels, of which some of the major increases are related to: the Canadian Institute for Health Information, the National Anti-Drug Strategy, the Mental Health Commission of Canada, the implementation of the Patient Wait Times Guarantee Pilot Project Fund, and the yearly growth of the Indian Envelope.

7. Planned Spending and Full-time Equivalents

($ millions)	Forecast Spending 2007-08	Planned Spending 2008-09	Planned Spending 2009-10	Planned Spending 2010-11
Canadian Health System	225.3	306.3	304.9	291.7
Canadian Assisted Human Reproduction	2.1	2.1	2.1	2.1
International Health Affairs	28.8	28.7	28.4	28.1
Health Products	222.6	222.4	219.8	216.5
Food and Nutrition	77.5	79.3	77.6	77.2
Sustainable Environmental Health	147.9	166.8	181.1	157.9
Consumer Products	24.0	24.6	25.1	24.8
Workplace Health	48.4	48.3	46.8	46.3
Substance Use and Abuse	134.0	152.9	151.5	148.0
Pesticide Regulation	60.1	67.4	68.1	68.2
First Nations and Inuit Health Programming and Services	2,126.9	2,161.5	2,206.8	2,039.1
Budgetary Main Estimates (gross)	3,097.6	3,260.3	3,312.2	3,099.9
Less: Respendable revenue	69.3	69.6	69.6	69.6
Total Main Estimates	3,028.3	3,190.7	3,242.6	3,030.3
Adjustments: (1)				
Supplementary Estimates:				
Funding to administer programs that support the delivery of health services to First Nations and Inuit populations	74.8			
Providing funding to the Canadian Institute for Health Information through the Health Information Initiative	56.8			
Funding for program integrity pressures: Natural Health Products and Public Service Health Program	25.9			

($ millions)	Forecast Spending 2007-08	Planned Spending 2008-09	Planned Spending 2009-10	Planned Spending 2010-11
Funding to implement the Prevention and Treatment Action Plans of the National Anti-Drug Strategy focussing on educating, marketing and treatment initiatives (horizontal item)	10.6			
Funding for the Indian Residential Schools Resolution Health Support Program, a component of the Settlement Agreement to address the Indian Residential Schools Legacy	7.5			
Funding for the Phase II of the Response to Bovine Spongiform Encephalopathy (BSE) in the areas of Risk Assessment and Targeted Research	5.9			
Contribution towards the start-up of the Mental Health Commission of Canada	5.5			
Funding related to government advertising programs (horizontal item)	5.1			
Funding for pest management controls for the evaluation and registration of new low-risk pesticides and increasing the use of evidence-based risk assessments	3.8			
Funding to support the implementation of a Patient Wait Times Guarantee Pilot Project Fund to provide an accessible and sustainable health system responsive to the needs of Canadians	2.6			
Funding for enhanced enforcement activities relating to the National Anti-Drug Strategy that are aimed at reducing the supply and demand for illicit drugs (horizontal item)	1.9			
Transfer from National Defence - For the participation in the Chemical, Biological, Radiological, and Nuclear Research and Technology Initiative	0.8			
Funding to undertake projects related to the development and application of biotechnology (Canadian Biotechnology Strategy) (horizontal item)	0.7			

($ millions)	Forecast Spending 2007-08	Planned Spending 2008-09	Planned Spending 2009-10	Planned Spending 2010-11
Funding related to the assessment, management and remediation of federal contaminated sites (horizontal item)	0.6			
Funding for the environmental clean up of the Sydney Tar Ponds and Coke Ovens Sites in the Muggah Creek Watershed	0.5			
Funding for activities that are essential to the continued implementation of the *Public Service Modernization Act* (horizontal item)	0.4			
Funding in support of the *Federal Accountability Act* to evaluate all ongoing grant and contribution programs every five years (horizontal item)	0.4			
Transfer from the Public Health Agency of Canada - to support the public health library which, as part of the Science Library Network, provides information and document services to support research and regulatory activities	0.3			
Funding for the costs of hosting the 12th Summit of la Francophonie in Quebec City in 2008 (horizontal item)	0.2			
Funding to strengthen the central agency regulatory function of the Treasury Board Secretariat and to establish a Centre of Regulatory Expertise (horizontal item)	0.1			
Transfer from Canadian Heritage - for the development of Official Language Minority Communities (Interdepartmental Partnership with the Official Language Communities)	0.1			
Transfer to the Public Health Agency of Canada - to support the Canadian Health Services Research Foundation's Community Health Nursing Study	-0.1			
Transfer to Public Service Human Resources Management Agency of Canada - to support the National Managers' Community	-0.1			

($ millions)	Forecast Spending 2007-08	Planned Spending 2008-09	Planned Spending 2009-10	Planned Spending 2010-11
Transfer to Environment Canada - to assess the health and economic impacts of air pollution across Canada	-0.1			
Transfer to the Canadian Institutes of Health Research - to support Aboriginal youth suicide prevention research	-0.2			
Transfer to Foreign Affairs and International Trade - to provide support to departmental staff located at missions abroad	-0.3			
Transfer to the Canadian Institutes of Health Research - to provide funding and support for grants and awards through the Open Grants competition	-0.3			
Transfer to Indian and Northern Affairs Canada - for amendments to the self-government financial transfer agreements with ten Yukon First Nations	-0.5			
Transfer to the Public Health Agency of Canada - to adjust for the allocation of resources following the transfer of the control and supervision of the Population and Public Health Branch	-0.6			
Transfer to Justice - to implement the Prevention and Treatment Action Plans of the National Anti-Drug Strategy focussing on educating, marketing and treatment initiatives (horizontal item)	-0.6			
Less: Spending authorities available	-47.9			
Other adjustments:				
Operating budget carry forward (horizontal item)	54.3			
Collective Agreements	16.6			
Implementation of the Policy on Internal Audit (TB Vote 10)	1.1			
Biotechnology Budget 99 Genomics		4.0	4.0	4.0

($ millions)	Forecast Spending 2007-08	Planned Spending 2008-09	Planned Spending 2009-10	Planned Spending 2010-11
Fulfilling outstanding obligations under *Canadian Environmental Protection Act, 1999*				25.0
Newfoundland Indians - to recognize a landless band and for the registration of Newfoundland Indians			8.1	8.4
Funding for Winter Olympics - includes operations for Paralympic Games		0.6	2.0	
Total Adjustments	225.6	4.6	14.1	37.4
Total Planned Spending (2)	3,253.9	3,195.3	3,256.7	3,067.7
Less: Non-respendable revenue	8.9	8.9	8.9	8.9
Plus: Cost of services received without charge (3)	93.5	93.3	94.3	93.5
Total Departmental Spending	3,338.5	3,279.7	3,342.1	3,152.3
Full-time Equivalents (4)	9,178	9,106	9,141	8,951

(1) Adjustments reflect Supplementary Estimates for 2007-08 and future year approvals not reflected in the 2008-09 Main Estimates.
(2) Refer to Section 2 for an explanation by program activity of year-over-year fluctuations.
(3) Includes the following services received without charge: accommodation charges (Public Works and Government Services Canada); Contributions covering employers' share of employees' insurance premiums and expenditures (Treasury Board Secretariat); Workers' Compensation (Human Resources and Skills Development Canada); and Legal Services (Department of Justice Canada).
(4) Full-time equivalents reflect the human resources that the department uses to deliver its programs and services. This number is based on a calculation that considers full-time, term, casual employment, and other factors such as job sharing.

8. Summary Information

Financial Resources ($ millions)

2008-09	2009-10	2010-11
3,195.3	3,256.7	3,067.7

Human Resources

2008-09	2009-10	2010-11
9,106	9,141	8,951

DEPARTMENTAL PRIORITIES

Name	Type
1. Contributing to the improvement of the health of Canadians	Ongoing
2. Reducing the risks to the health of the people of Canada	Ongoing
3. Working with others to strengthen the efficiency and effectiveness of the publicly-funded health care and health system	Ongoing
4. Strengthening accountability to Parliament and the public	Ongoing

PROGRAM ACTIVITIES BY STRATEGIC OUTCOME

($ millions)	Planned Spending				
	Expected Results	2008-09	2009-10	2010-11	Contributes to the following priority
Strategic Outcome # 1: Accessible and Sustainable Health System Responsive to the Health Needs of Canadians					Priorities 1, 2, 3, and 4
Program Activity: Canadian Health System	• Improved health care system planning and performance • Enhanced capacity of governments and stakeholders to support health system planning • Awareness and understanding among health sector decision-makers and the public of the factors affecting accessibility, quality and sustainability of Canada's health-care system and the health of Canadians	306.3	304.9	291.8	

($ millions)	Planned Spending				
	Expected Results	2008-09	2009-10	2010-11	Contributes to the following priority
Program Activity: Canadian Assisted Human Reproduction	• Increased input of Canadian stakeholders on AHR technologies • Increased knowledge of the application of AHR procedures in Canada • Increased number of AHR regulations to protect the health and safety, dignity, and rights of Canadians using AHR technologies • Health and safety risks related to AHR technologies addressed	2.1	2.1	2.1	
Program Activity: International Health Affairs	• Enhance knowledge base and intersectoral collaboration on global health issues • Influencing the global health agenda for the benefit of Canadians • Global health policies for the benefit of Canadians	28.7	28.4	28.2	
Strategic Outcome # 2: Access to Safe and Effective Health Products and Food and Information for Healthy Choices					Priorities 1, 2, and 4
Program Activity: Health Products	• Increased regulatory system response to health product-related health risks • Increased awareness and/or knowledge of health products issues	186.5	184.1	180.9	

($ millions)	Expected Results	Planned Spending 2008-09	2009-10	2010-11	Contributes to the following priority
Program Activity: Food and Nutrition	• Reduction of the exposure to disease-causing food-borne micro-organisms and environmental agrochemical contaminants, food allergens • Increased level of informed choices/healthy decisions related to food quality and food safety	77.9	76.3	76.0	
Strategic Outcome # 3: Reduced Health and Environmental Risks from Products and Substances, and Sustainable Living and Working Environments					Priorities 1, 2 and 4
Program Activity: Sustainable Environmental Health	• Timely regulatory system response to health risks related to toxic chemicals and environmental risks to health • New and emerging health risks related to toxic chemical substances are identified, assessed and managed • Canadians are knowledgeable and aware of environmental health issues	165.4	179.9	177.6	

($ millions)	Planned Spending				
	Expected Results	2008-09	2009-10	2010-11	Contributes to the following priority
Program Activity: Consumer Products	• Declining trends in levels of risk, adverse reactions, illnesses, and injuries from hazardous products, substances, cosmetic products, and radiation emitting devices • Adherence to Acts and Regulations • Canadians are knowledgeable/aware of the health risks of exposure to hazardous products, substances, cosmetic products, and radiation emitting devices	24.2	24.6	26.6	
Program Activity: Workplace Health	• Timely system response to public service employees with psycho-social problems • Internationally Protected Persons and Conadian Public Servants are protected during visits and events from work-related and other risks to their health and safety • Adherence to Acts, Regulations, and Guidelines	34.8	34.1	32.2	
Program Activity: Substance Use and Abuse	• Reduced tobacco consumption • Reduced abuse of drugs, alcohol, and other controlled substances	152.9	151.5	148.2	

($ millions)	Planned Spending				
	Expected Results	2008-09	2009-10	2010-11	Contributes to the following priority
Program Activity: Pesticide Regulation	• Declining trends in levels of risk from regulated pest control products • Increased stakeholder awareness of risks and confidence in regulatory activities	60.5	61.2	61.3	
Strategic Outcome # 4: Better Health Outcomes and Reduction of Health Inequalities Between First Nations and Inuit and Other Canadians					Priorities 1, 2, 3, and 4
Program Activity: First Nations and Inuit Health Programming and Services	• Strengthened community programs; better health protection; improved primary health care; and access to non-insured health benefits to contribute to improved health status of First Nations and Inuit individuals, families and communities	2,156.0	2,209.6	2,042.8	

Note: Figures include amounts for other departmental and regional infrastructure costs supporting program delivery.

9. Departmental Plans and Priorities

OUR OPERATING ENVIRONMENT

Health Canada must respond to an ever-changing operating environment, one becoming more complex due to the rapid evolution of technology and the increasingly interconnected global community and marketplace. Protecting the health of Canadians in the face of these rapid changes becomes more challenging as we face many critical issues in Canada including demographic changes and stresses to our health care system. There are several key themes that will likely dominate the complex policy landscape for Health Canada for this planning period and beyond.

The Safety of Food, Health Products and Consumer Products

Recent incidents related to food, health and consumer products highlight gaps in protecting the health and safety of Canadians. The number of products and producers is vast and growing. Globalization has expanded supply chains across multiple boundaries, blurring the lines between imported and domestic products. Non-traditional suppliers in developing and emerging economies are now major players. Increasing the pace of innovation is critical for companies to survive. Consumers have more sources of information and have high expectations for industry and government.

Health and the Environment

On a daily basis, Canadians are exposed to a cocktail of environmental contaminants which pose risks to human health. Exposure to environmental contaminants is linked to a spectrum of health problems including cancers, asthma and other respiratory illnesses, as well as cardiovascular disease and developmental disorders in children. In addition, certain populations (children and those living in rural and remote populations) have been identified as being particularly at risk to health problems associated with exposure to environmental contaminants. While the Government of Canada has taken action to improve the environment, for example with the Chemicals Management Plan, there continue to be gaps with respect to understanding and reducing the risks that environmental contaminants may pose to human health (e.g. helping foster awareness in Canadians so that they can make wise choices to reduce their own health risks, better understanding what contaminants are finding their way into the Canadian population, and building a scientific evidence base that will answer questions about how exposure to contaminants may contribute to disease).

Shifting Demographics and the Health of Vulnerable Populations in Canada: Youth, Seniors and First Nations and Inuit

Climbing child obesity rates coupled with risky health behaviours lead many experts to believe that this may negatively impact Canada's youngest generation. By 2050, well over one-third of Canadians will be seniors (65+ years of age), above the forecasted Organisation for Economic Co-operation and Development (OECD) average. The Aboriginal population is younger and growing at twice the rate of the total population. Additional challenges remain as these populations face unique health challenges. For example, while Aboriginal Canadians are living longer, the status of their health continues to lag behind that of other Canadians.

The Capacity and Efficiency of the Health Care System

The sustainability of Canada's publicly-funded universal health care system is of great importance to Canadians. Demographic trends show that Canada's aging population could have large implications for the health care system. Looking at ways to meet the growing demand for health care as well as strengthening health promotion and prevention activities will be key to ensuring its sustainability.

Evolving Threats to Health from Infectious Disease, Both New and Re-emerging

With the rapid movement of people and consumer products around the world, potential infectious diseases can be within our borders in a matter of hours. Known diseases such as tuberculosis are re-emerging or are continuing to spread in developing countries. Prevention, preparedness and response for infectious diseases will remain a key necessity for safeguarding the health of Canadians.

The Opportunities and Risks for the Health of Canadians from the Rapid Pace of Technological Development

New technologies are redefining all sectors, with the medical field poised to harness major benefits due to the application of biotechnology in treatment and diagnostics. New technologies are also finding their way into consumer markets, posing potential new risks to consumers and challenging regulatory agencies. Alternative energy technologies and new fuels are becoming more economical and popular worldwide, though their health and environmental impacts are not always considered.

DEPARTMENTAL PRIORITIES

Given the environment in which we operate and our key areas of interest for the planning period, Health Canada has established four departmental priorities to guide our responses to the challenges and opportunities facing the health of Canadians. These priorities reflect the Government of Canada's direction and commitments and serve as the drivers of our strategic outcomes and expected results for

Canadians as explained in Section II.

Our four departmental priorities are as follows:

1. Contribute to the improvement of the health of Canadians
2. Reduce the risks to the health of the people of Canada
3. Work with others to strengthen the efficiency and effectiveness of the publicly-funded health care and health system
4. Strengthen accountability to Parliament and the public

Priority #1: Contribute to the improvement of the health of Canadians (ongoing)

Linkages to Strategic Outcomes:

Strategic Outcome #1 - Accessible and sustainable health system responsive to the health needs of Canadians
Strategic Outcome #2 - Access to Safe and Effective Health Products and Food and Information for Healthy Choices
Strategic Outcome #3 - Reduced Health and Environmental Risks from Products and Substances, and Healthy, Sustainable Living and Working Environments
Strategic Outcome #4 - Better Health Outcomes and Reduction of Health Inequalities Between First Nations and Inuit and Other Canadians

In order to meet the Government of Canada's objective to ensure healthy Canadians, Health Canada will continue to collaborate with provinces and territories and other partners to improve health system performance and health outcomes. For example, pilot projects on Patient Wait Times Guarantees are expected to yield lessons that will facilitate best outcomes for patients needing health services.

We will work to enable Canadians to make informed decisions and healthy choices about food and nutrition. We will also move forward with a number of initiatives to reduce and prevent tobacco consumption, and to combat alcohol and drug abuse. For example, Health Canada will work to increase the number of smokers who quit and develop national alcohol guidelines to support a moderate and sensible use of alcohol.

Health Canada will continue to collaborate with its partners to reduce the health gap that exists between Aboriginal and non-Aboriginal Canadians. We will do this through continued implementation of health programs, initiatives and strategies in First Nations and Inuit communities that aim to improve health outcomes in areas such as children and youth, chronic disease (e.g. diabetes) and injury prevention, and mental health and addictions.

Priority #2: Reduce the risks to the health of the people of Canada (ongoing)

Linkages to Strategic Outcomes:

Strategic Outcome #1 - Accessible and sustainable health system responsive to the health needs of Canadians
Strategic Outcome #2 - Access to Safe and Effective Health Products and Food and Information for Healthy Choices
Strategic Outcome #3 - Reduced Health and Environmental Risks from Products and Substances, and Healthy, Sustainable Living and Working Environments
Strategic Outcome #4 - Better Health Outcomes and Reduction of Health Inequalities Between First Nations and Inuit and Other Canadians

For the planning period, Health Canada will work with international partners to strengthen responses to possible global health threats to reduce risks to the health of Canadians.

As highlighted in the 2007 Speech from the Throne and in the Food and Consumer Safety Action Plan announced in December 2007, Health Canada will introduce measures on food and product safety to ensure that families have confidence in the quality and safety of what they buy. We will modernize our system to better inform and protect Canadians by legislating tougher federal government regulation of consumer, food and health products that is designed to prevent, and not merely react to, problems. We will also ensure better safety information for consumers and guidance to industries.

Health Canada will work to identify, assess and manage health risks from environmental factors, such as air pollutants and chemicals. We will also implement a new policy to address drinking water quality in First Nations communities to ensure access to safe drinking water.

Priority #3: Work with others to strengthen the efficiency and effectiveness of the publicly-funded health care and health system (ongoing)

Linkages to Strategic Outcomes:

Strategic Outcome #1 - Accessible and sustainable health system responsive to the health needs of Canadians
Strategic Outcome #4 - Better Health Outcomes and Reduction of Health Inequalities Between First Nations and Inuit and Other Canadians

Strengthening the efficiency and effectiveness of the publicly-funded health care system is essential to ensuring that it meets the needs of all Canadians. Health Canada will continue to work closely with provincial and territorial governments, as well as health organizations and other stakeholder groups to examine new and innovative ways to improve the sustainability and responsiveness of the health system so that Canadians have timely access to appropriate and quality care. This includes efforts to improve the delivery of health care in First Nations and Inuit communities as well as the integration of health programs and services to better meet their needs.

Priority #4: Strengthen accountability to Parliament and the public (ongoing)

Linkages to Strategic Outcomes:

Strategic Outcome #1 - Accessible and sustainable health system responsive to the health needs of Canadians
Strategic Outcome #2 - Access to Safe and Effective Health Products and Food and Information for Healthy Choices
Strategic Outcome #3 - Reduced Health and Environmental Risks from Products and Substances, and Healthy, Sustainable Living and Working Environments
Strategic Outcome #4 - Better Health Outcomes and Reduction of Health Inequalities Between First Nations and Inuit and Other Canadians

Health Canada will continue to work towards improving accountability to Parliament and the public, enhancing the transparency of its decision-making and improving communication with Canadians. Health Canada recognizes the need for

appropriate performance measurement to evaluate its work and report to Canadians.

OUR OPERATING PRIORITIES

Health Canada will continue to transform its human resources services in an effort to address the on-going challenges that it faces in the recruitment and retention of qualified staff, particularly in the areas of science and technology. These challenges, which result in part from skills shortages in related areas of expertise and an ever-changing marketplace, make it difficult for the Department to keep up with rapidly evolving trends and knowledge in these areas, and to maintain the relevancy of related legislation and regulations. We will continue to implement innovative approaches to human resources services, including targeted recruitment and retention strategies, and various approaches to address healthy workplace enablers, such as continuing education, professional development and flexible hours of work.

In addition, Health Canada will develop a long-term laboratory strategy to ensure that its laboratory facilities are aligned with its business processes and to identify opportunities to establish partnerships with other federal departments, provincial and territorial governments, and private sector stakeholders. The immediate focus will be on evaluating existing laboratory facilities in order to identify those that require refurbishing. Similarly, we will develop a long-term office accommodation strategy to ensure that the Department's office accommodation and other non-laboratory facilities are also aligned with its business processes. Both strategies will be based on the overall Real Property Management Framework which the Department is currently developing.

Health Canada will also further integrate human resources planning into its business planning processes, with the objective of achieving full integration by 2009-10, a commitment which is highlighted in the Department's response to Public Service Renewal. The integration of strategic, operational and human resources planning will link human resources opportunities, risks and priorities directly to operational business objectives, which in turn flow from the Department's strategic outcomes.

Finally, Health Canada will continue to work with Health Portfolio partners to transform other internal services in support of more efficient program delivery, with the first focus being on an enterprise IT approach. We will continue our involvement in the Shared Services Initiative, following the recent move of some of our IT Helpdesk support services to Public Works and Government Services Canada (PWGSC), including operational alignment for network services. We will also explore the possibility of moving to a distributed computing environment. As well, we will continue to implement management improvement initiatives as necessary, including in the areas of project management, and financial management and control. Health Canada is also currently exploring with the Canada School of Public Service, the feasibility of the department providing certain financial management services to the School. In addition, we will continue to apply the Management Accountability Framework (MAF) at all management levels, and to integrate MAF expectations into the management culture of the Department. In December 2007, a new independent Departmental Audit Committee was launched, composed of a majority of members from outside of the Public Service. The governance of Health Canada's operations will be further strengthened when this Committee becomes fully functional in the coming year.

SUSTAINABLE DEVELOPMENT

For the period of 2007 to 2010, the focal point of Health Canada's efforts to achieve sustainable development is in the implementation of the department's fourth Sustainable Development Strategy (SDS). Departmental SDS targets will contribute to strategic outcomes of the departments in areas such as clean water, clean air, food safety, sustainable communities, and greening of operations. During this period, Health Canada will also be working with other federal departments to ensure policy and program integration efforts across government are properly taking social elements, such as the determinants of health, into consideration. For more information on Health Canada's Sustainable Development Strategy, please see Table 2 in Section 3 (p. 77) of this Report.

ANALYSIS OF PROGRAM ACTIVITIES BY STRATEGIC OUTCOME

Strategic Outcome: Accessible and Sustainable Health System Responsive to the Health Needs of Canadians

Under this program activity, we strive to develop effective policy responses to a range of priority, emerging and cross-cutting issues that impact the health of Canadians. There are many governmental and non-governmental organizations working towards improved health outcomes in Canada, including provincial and territorial departments of health, professional organizations, research organizations, the program branches of Health Canada, and the agencies within the federal Health Portfolio. Our objective is to promote the national coordination and development of a strong, shared knowledge base to address health and health care priorities for all Canadians. We also aim to facilitate health system adaptation to changes in technology, society, industry, and the environment, so that Canadians will continue to be protected from heath risks, have access to quality health care, and gain positive health benefits from information and innovation.

Serving as a regulator, a trustee, a partner, an enabler, an innovator, a knowledge broker, and a proponent of transparency, we help support the sustainability of Canada's health system. To Canadians, sustainability means the availability, maintenance and advancement of key attributes of Canada's publicly funded health care system such as accessibility, efficiency and effectiveness. In the face of shifting and growing health system demands, we develop policies to respond to these changes in supporting a sustainable health system for Canadians.

The following program activities help support the Strategic Outcome entitled "Accessible and sustainable health system responsive to the health needs of Canadians":

- Canadian Health System
- Canadian Assisted Human Reproduction
- International Health Affairs

Program Activity - Canadian Health System

Planned Spending and Full-Time Equivalents (FTEs)

($ millions)	Forecast Spending 2007-08	Planned Spending 2008-09	Planned Spending 2009-10	Planned Spending 2010-11
Net expenditures	272.2	306.3	304.9	291.7
FTEs	415	415	414	412

Notes: The increase in forecast/planned expenditures from 2007-08 to 2008-09 is due mainly to the reprofile of funding for the Canadian Strategy for Cancer Control as well as an increase in the funding level for the establishment of the Mental Health Commission and the implementation of the Patient Wait Times Guarantee Pilot Project Fund. The decrease in planned expenditures from 2009-10 to 2010-11 is mainly due to the sunset of the Patient Wait Times Guarantee Pilot Project Fund.

Figures include an amount for departmental and regional infrastructure costs in support of program delivery.

Under this program activity, we provide strategic policy advice on health care issues such as improved access, quality and integration of health care services to better meet the health needs of Canadians wherever they live or whatever their financial circumstances. This objective is pursued

mindful of long-term equity, sustainability and affordability considerations and in close collaboration with provinces and territories, health professionals, administrators, other key stakeholders, and citizens.

We are achieving this objective by investing in the health system and in health system renewal. This includes: working with provinces and territories to reduce wait times for essential services and ensure that the principles of the *Canada Health Act* are respected, developing health information and health measures for Canadians, and meeting the health and health access needs of specific groups including women and official language minority communities.

Expected Results	Performance Indicators
• Improved health care system planning and performance	• Reports and analyses related to issues such as wait times reduction, health human resources planning, and provision of chronic, palliative and continuing care are used to improve th health care system
• Enhanced capacity of governments and stakeholders to support health system planning	• Governmental and stakeholder engagement activities (e.g. meetings, workshops, conferences, program and policy proposals)
• Awareness and understanding among health sector decision-makers and the public of the factors affecting accessibility, quality and sustainability of Canada's health-care system and the health of Canadians	• Publication of information that raises awareness and understanding of the factors affecting accessibility, quality and sustainability of Canada's health-care system and the health of Canadians

Key Program/Service - Health System Renewal

Description:

Through this program, Health Canada helps shape policy and programs related to health care renewal that benefit all Canadians through better access to quality health care services. We provide policy leadership on issues related to broader health care system renewal, such as improving access to quality health care, increasing the supply and improving the mix of health care professionals, reforming primary health care and enhancing the accountability of the health care system to Canadians.

In the area of **Pharmaceuticals Management**, we identify the key policy issues, trends and implications with respect to pharmaceuticals access, affordability and equity; safety, effectiveness and appropriate prescribing and utilization, as well as drug prices, and the appropriate role of pharmaceuticals in health care. With provincial and territorial (P/T) partners, we work to advance federal, provincial and territorial (F/P/T) policy and mechanisms for better pharmaceuticals management. In 2008-09, Health Canada will advance federal initiatives and continue to foster the improved management and use of pharmaceuticals in the health care system, in collaboration with P/T governments where appropriate.

Health Canada will continue to assist the implementation of **Patient Wait Times Guarantees** (PWTGs), including a $30 million PWTG Pilot Project Fund to support provinces and territories in the testing, advancement and establishment of PWTGs and facilitate best outcomes for patients through innovation and shared best practices by 2010. There are also four ongoing federal PWTG pilot projects. Three of these projects address diabetes and prenatal care in selected First Nations communities and one addresses wait times for paediatric surgery.

Through the **Health Human Resources (HHR) Strategy**, we are focusing on securing and maintaining a stable and optimal health workforce in Canada and supporting overall health care renewal. Health Canada is working closely with the provinces and territories to develop priority objectives for the Pan-Canadian HHR Strategy for 2008-2013, based on the Action Plan from the Framework for Collaborative Pan-Canadian HHR Planning. For more information on the HHR Strategy, see: http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/index_e.html

Expected Results	Performance Indicators
Pharmaceuticals Management • Continued collaboration with P/Ts to develop and actualize shared approaches to pharmaceuticals management policy, including a strengthened F/P/T Common Drug Review • Enhanced integration of pharmaceuticals policy analysis, advice and program delivery across the federal Health Portfolio • Developmental work towards improving the generation, assessment and dissemination of evidence on the safety and effectiveness of medicines once they reach the market • Further development of international linkages to leverage resources and knowledge to enhance ability to optimize domestic pharmaceutical policy	**Pharmaceuticals Management** • Scope and effectiveness of F/P/T collaborative pharmaceuticals management activities • Identification of best practices for enhanced listing and reimbursement decision-making by public drug plans • Number of pharmaceuticals policy and program areas and activities characterized by horizontal, collective and/or collaborative efforts • Steps toward establishment of an appropriate instrument for enhanced post-market surveillance of real-world drug safety and effectiveness • Increased international engagement measured by the number, type and quality of international dialogues, meetings and conferences
Patient Wait Times Guarantees (PWTGs) • Identification of policy and operational issues associated with the implementation of guarantees • Exchange and adoption of best practices • Number of collaborative agreements among health providers • Improved patient care pathways • Identified access protocols	**Patient Wait Times Guarantees (PWTGs)** • Degree of increase in the level of awareness among stakeholders of tools and approaches to the establishment of PWTGs • Extent to which there is improved collaboration and transfer of knowledge among provinces and territories • Changes in the level of awareness and understanding among jurisdictions of policy and operational issues associated with the establishment of PWTGs

Health Human Resources Strategy • Improved jurisdictional capacity to plan for the optimal number, mix and distribution of health care providers based on system design, service delivery models and population health needs • Enhanced jurisdictional capacity to work closely with employers and the education system to develop a health workforce that has the skills and competencies to provide safe, high-quality care, work in innovative environments and respond to changing health care system and population health needs • Enhanced jurisdictional capacity to achieve the appropriate mix of health providers and deploy them in service delivery models that make full use of their skills • Enhanced jurisdictional capacity to build and maintain a sustainable workforce in healthy, safe work environments	**Health Human Resources Strategy** • Project dissemination and evaluation • Number and type of collaborative networks of policy makers, researchers and other stakeholders • Number and type of research reports, databases, tools, and strategies • Number of projects on new approaches, models and best practices • Increased flexibility of health service delivery models to meet the changing needs of the population

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
181.5	239	180.3	238	167.0	237

Key Program/Service - Health Information

Description:

Through this activity, Health Canada provides timely research, analysis and information about priority health and health care issues to increase awareness and understanding of the factors affecting the accessibility, quality and sustainability of Canada's health care system and the health of Canadians among health sector decision-makers and the public. We will address two key areas in 2008-09, including: exploring health care cost drivers and researching the expected health impacts of climate change. These activities will provide a sound evidence base to inform decisions and debates on health care policies, performance and programs.

We also make health policy research and analysis data available to the larger health research community both inside and outside of government by supporting data collection, accessibility and use.

Expected Results	Performance Indicators
• Research and information related to priority health and health care system issues are available	• Identification and collection of relevant and timely information on priority health and health care system issues

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
90.1	84	90.0	84	90.0	84

Program Activity - Canadian Assisted Human Reproduction

Planned Spending and Full-Time Equivalents (FTEs)

($ millions)	Forecast Spending 2007-08	Planned Spending 2008-09	Planned Spending 2009-10	Planned Spending 2010-11
Net expenditures	2.2	2.1	2.1	2.1
FTEs	14	13	13	13
Notes: Figures include an amount for departmental and regional infrastructure costs in support of program delivery.				

Health Canada is responsible for developing the licensing framework and regulations (laboratory and clinical) that will ensure the health, safety, dignity, and human rights of the Canadians who access the services of the Assisted Human Reproduction (AHR) sector and of the children born from the use of AHR technologies. Because the science of AHR evolves rapidly, we must engage stakeholders on an ongoing basis to find a balance between the needs of patients who use these technologies to help them build their families, the children born from these technologies, and the providers of these services - with health and safety as overriding goals. The goal of these policies and regulations is to develop a responsive regulatory regime that is a leader both domestically and in the international AHR community reflecting the objectives set forth in the *AHR Act*. We also gather input from stakeholders, including the provinces, to ensure a pan-Canadian approach.

We have completed public consultations on the first series of regulatory initiatives under the *AHR Act* and are drafting regulations in areas such as licensing administration, requirements for clinical and laboratory activities (i.e., *in vitro* fertilization procedures using one's own gametes), and health reporting information. These regulations will be pre-published in the *Canada Gazette* in 2008.

In addition, we will review the *Processing and Distribution of Semen for Conception Regulations*, presently under the *Food and Drugs Act*, to incorporate these regulations under the *AHR Act*. We will continue developing regulatory policy and gathering input from stakeholders on the following issues: the use of donated gametes (semen, ovum and embryos), undertaking preimplantation genetic diagnosis, research, and manipulation of human reproductive materials. We intend to bring the new regulations into force over the next five years.

Expected Results	Performance Indicators
• Increased input of Canadian stakeholders on AHR technologies	• Stakeholder and advisory panel involvement and engagement of provinces and territories and online consultations
• Increased knowledge of the application of AHR procedures in Canada	• Collection of relevant and timely information in AHR practices including, the number of stakeholders in AHR sector and details of their activities
• Increased number of AHR regulations to protect the health and safety, dignity, and rights of Canadians using AHR technologies	• Number of proposed regulations related to AHR activities using own gametes published in *Canada Gazette, Part I*
• Health and safety risks related to AHR technologies addressed	• Reports of relevant issues addressed through a number of regulations and other instruments developed to enforce the *AHR Act*

Program Activity - International Health Affairs

Planned Spending and Full-Time Equivalents (FTEs)

($ millions)	Forecast Spending 2007-08	Planned Spending 2008-09	Planned Spending 2009-10	Planned Spending 2010-11
Net expenditures	29.8	28.7	28.4	28.2
FTEs	80	80	81	80

Notes: Figures include an amount for departmental and regional infrastructure costs in support of program delivery.

Health Canada works internationally through leadership, partnerships and collaboration to fulfill its federal mandate of striving to make Canada's population among the healthiest in the world. The Health Policy Branch serves as the department's focal point to initiate, coordinate and monitor departmental policies, strategies and activities that help promote Canadian priorities and values on the international health agenda. International collaboration on global health issues is important because the health of Canadians is influenced significantly by public health risks originating in other countries. Global issues such as pandemic influenza preparedness, HIV/AIDS strategies and global health security are critical initiatives about which we consult with key external health partners such as the World Health Organization (WHO) and the Pan-American Health Organization (PAHO).

Health Canada will focus on three major activities/programs during fiscal year 2008-09: the Government of Canada's Americas Strategy, the development of a WHO framework and the Global Health Security Initiative.

Health Canada will contribute to the Government of Canada's Americas Strategy by: 1) supporting ongoing governance of PAHO and expanding engagement with other multilateral institutions; 2) encouraging bilateral and trilateral relations with key countries on health policy; and 3) promoting and using Canadian technical expertise to improve health outcomes in the Americas. This will result in a more focussed approach to health by the federal government and its partners in the region by advancing good governance, ensuring economic

development and maintaining health security in the hemisphere.

We are also working to provide greater strategic direction on key global health and governance issues involving WHO. We are developing a framework that will provide a common set of principles and priorities for the activities of all Government of Canada departments and agencies and contribute to an effective and coherent Canadian approach to WHO. The framework will be finalized in 2008-09 and will be implemented thereafter.

The Global Health Security Initiative (GHSI) is an informal, international partnership to strengthen global public health preparedness and response to chemical, biological, radiological, and nuclear (CBRN) threats, as well as pandemic influenza. Member countries/organizations include the G7 countries, Mexico, the European Commission, and the WHO as a technical advisor. Health Canada leads the GHSI and plays an active role within the Initiative. In 2008-09, Health Canada will work with GHSI members to strengthen networks that: 1) facilitate improved preparedness and response to CBRN threats and pandemic influenza; and 2) increase dialogue and exchange on emerging health security issues to allow for cross-national learning.

Expected Results	Performance Indicators
• Enhance knowledge base and intersectoral collaboration on global health issues	• Short term Program Evaluation results
• Influencing the global health agenda for the benefit of Canadians	• Number of resolutions passed at multilateral organizations • Number of multilateral fora in which Health Canada participates • Number of foreign delegations hosted
• Global health policies for the benefit of Canadians	• Relevant policy advice, papers and positions

Strategic Outcome: Access to Safe and Effective Health Products and Food and Information for Healthy Choices

Under this strategic outcome, Health Canada is committed to promoting and protecting the health and safety of Canadians. The Department achieves this outcome by continuing to work towards reducing health risks to Canadians from health products and food and providing information so that Canadians can make informed decisions and adopt healthy choices.

In 2008-09, the key activities that will contribute towards achieving results under this strategic outcome are mainly outlined in the *Blueprint for Renewal II*[1] policy framework and Canada's *Food and Consumer Safety Action Plan*[2] as announced in December 2007. The action plan reflects the need to modernize the health products and food's regulatory system. As part of its Comprehensive Review of resources and programs, Health Canada will determine the level of activities as well as resources the programs need to meet the Department's regulatory responsibilities, including the need for baselines, performance indicators and targets and program costs.

Scientific and technical expertise are of critical importance to the activities of this strategic outcome. They are used on a daily basis for policy development, the evaluation of health products and foods, risk assessments, compliance testing, and nutrition and contaminant surveillance to research on food pathogens and pharmacogenomics. We carry out research in support of regulatory activities and related activities that contribute to evidence-based decision making to protect the health and safety of Canadians.

As part of our new initiatives, we are preparing the first-ever comprehensive strategic science plan for health products and food. This plan includes the identification of current scientific practice, changes in the key methods for the generation and analysis of evidence, and the evolution of science and technology as it affects the nature of the products that fall within the health products and food mandate. The plan will guide our future work and support us in building science partnerships across the Health Portfolio and with the national and international community.

We anticipate that over the next three to five years, there will be major pressures on our science and operational infrastructure, and that we will need to adapt our practices as operational needs and related applied science changes. For example, nanotechnology is adding a new dimension to our fundamental understanding of the physical nature of the world around us. Maintaining and modernizing regulatory and analytical tools, process and practices also continue to drive our investment requirements. Strategies and frameworks to address infrastructure challenges are being developed and will serve as the basis for planning, investment, engagement, partnership, consultation, and communication.

Assessing and understanding the current and future human resources needs is key to ensure the right mix of skills and expertise is in place to deliver on our priorities. As we move forward, we will need to address the challenges in attracting and retaining highly qualified talent resulting from a highly competitive demand-driven environment. In addition, the potential retirement of 21% of the Health Products and Food Branch workforce within the next five years requires an aggressive strategy to address succession management, learning development and knowledge transfer to ensure management stability across the organization. We will implement succession planning strategies and knowledge transfer initiatives that are aligned with our business needs.

Health Canada will implement its Consumer Information Strategy and the Policy on Public Input in the review of regulated products to improve the way the department communicates information to consumers and to increase openness, transparency and accountability, thereby maintaining public confidence in the regulatory system for health products. As part of the *Blueprint for Renewal II*, Health Canada will conduct strategic outreach and consultations to increase consumer product safety.

The department will collaborate with stakeholders and the public to seek input on product review, policy programming and legislative and regulatory proposals that will enhance the overall quality of decision-making and improve the safety of products for Canadians.

Health Canada is working with federal science and technology partners to promote and protect the health and safety of Canadians. Some of our work includes collaborating directly with Agriculture and Agri-food Canada (AAFC), Environment Canada (EC), the Public Health Agency of Canada (PHAC), and the Canadian Food Inspection Agency (CFIA).

Health Canada's regional offices develop and deliver key programs and services, including monitoring the risks of health products and the safety of food, and the investigation and inspection associated with the import, sale and manufacture of health products. They work with regional stakeholders and provincial and municipal governments to promote collaboration, participate in the monitoring of adverse reactions and assist in developing policy responses in areas including: food safety, nutrition, natural health products, antimicrobial resistance, and the efficacy of health products. As part of the national laboratory network, Health Canada's regional laboratories are key contributors to our work of developing and managing food safety research and surveillance projects on foodborne pathogens, persistent organic pollutants, natural toxins, genetically modified food, food allergen detection, and nutrition.

Internationally, Health Canada is working with the World Health Organization (WHO), other multilateral organizations and other governments on health products and food safety issues to strengthen and promote broader regulatory cooperation and encourage technical information exchange. Our partnerships enable Health Canada to ensure that its efforts meet the needs of all Canadians.

The following program activities help support the Health Products and Food's Strategic Outcome:

- Health Products
- Food and Nutrition

Program Activity - Health Products

Planned Spending and Full-Time Equivalents (FTEs)

($ millions)	Forecast Spending 2007-08	Planned Spending 2008-09	Planned Spending 2009-10	Planned Spending 2010-11
Gross expenditures Less: Expected respendable revenues	266.7 39.9	226.3 39.9	224.0 39.9	220.7 39.9
Net expenditures	226.8	186.5	184.1	180.9
FTEs	2,211	2,038	2,021	2,007

Notes: The decrease in forecast/planned expenditures from 2007-08 to 2008-09 is due in part to one-year funding received in 2007-08 for Natural Health Products, funding from the Department's operational budget carry-forward and a decrease in the funding level for the Therapeutic Access Strategy.

The decrease in planned expenditures from 2008-09 to 2009-10 is mainly due to the sunset of Health Canada's Response to Bovine Spongiform Encephalopathy. The decrease is partially offset by an increase in the funding level for Protecting Canadians and the Environment from Toxic Substances through a Chemicals Management Plan.

Figures for 2007-08 have been restated due to the change in the Program Activity Architecture for 2008-09.

Figures include an amount for other departmental and regional infrastructure costs supporting program delivery.

The Health Products program activity is responsible for a broad range of health protection and promotion activities that affect the everyday lives of Canadians. As the federal authority responsible for the regulation of health products, the program activity evaluates and monitors the safety, quality and effectiveness of drugs (human and animal), biologics, medical devices, and natural health products, under the authority of the *Food and Drugs Act* and Regulations, as well as the *Department of Health Act*.

The program activity also provides timely, evidence-based and authoritative information to key stakeholders (including but not limited to: health care professionals such as physicians, pharmacists and practitioners such as herbalists, naturopathic doctors, Traditional Chinese Medicine (TCM) practitioners) and members of the public to enable them to make informed decisions and healthy choices.

In its November 2006 report[3], the Auditor General of Canada has identified a number of gaps in the regulatory system and questioned whether Health Canada has adequate tools and resources to fulfill its regulatory responsibilities and protect the health and safety of Canadians.

Although the current regulatory system has served Canadians well over the past decades, it needs to be modernized to address emerging health and safety risks, help ensure timely access to innovative health products, and reduce adverse effects. Pharmaceuticals, non-prescription medicines, vaccines, blood products, gene therapies, tissues, and medical devices all offer benefits to Canadians, but they also carry risks. Today, most of our efforts are spent on pre-market assessment. As part of Canada's *Food and Consumer Safety Action Plan*, measures are being considered to better protect Canadians from unsafe health products by:

- Taking a life-cycle approach to regulation by keeping watch and gathering information on products like pharmaceuticals both before and after they are approved for sale. This would allow the most rapid action possible to address the health risks of products that don't come to light until they are on the market;
- Gaining new authorities to order needed changes to health product labels to provide product information to consumers and recall health products as soon as a safety problem is identified; as well as to compel manufacturing to conduct post-market studies and issue risk communication;
- In cooperation with provinces and territories, acquiring the power to make it mandatory for hospitals to report on serious adverse drug reactions, so dangers can be identified more effectively to inform corrective action as early as possible; and
- Raising fines to levels comparable with other industrial countries.

These measures will help Health Canada address some of our regulatory gaps. In addition, Health Canada will work on the next phases of the Blueprint initiatives, which will be guided by recommendations that resulted from stakeholder consultations. More of what will be accomplished in 2008-09 is described in the key programs below.

Expected Results	Performance Indicators
• Increased regulatory system response to health product-related health risks	• Timeliness and appropriateness of regulatory actions (recalls, health advisories) for approved health products • Proportion of incidents/investigations (by type) addressed/closed
• Increased awareness and/or knowledge of health products issues	• Number and type of publications disseminated and used by the public to make informed decisions

Key Program/Service - Pharmaceutical Human Drugs

Description:

The Pharmaceutical Human Drugs program is significant in supporting the strategic outcome and the program activity for health products. This key program regulates pharmaceutical drugs for human use under the authority of the *Food and Drugs Act* and Regulations. Prior to receiving market authorization, a manufacturer must present substantive scientific evidence of a product's safety, effectiveness and quality as required by the *Food and Drug Regulations*. Drug products regulated include prescription and non-prescription pharmaceuticals, disinfectants and sanitizers with disinfectant claims. The key program also provides key stakeholders and members of the public with timely, evidence-based and authoritative information to make informed decisions and healthy choices.

It is under this key program that we will accomplish work related to the modernization of the regulatory framework for pharmaceuticals and biologics (Progressive Licensing), which aims to address emerging health risks related to human drugs. This new modernized framework will support the strategic outcome by contributing to timely access to innovative drugs and mechanisms to address safety risks.

In addition, counterfeit health products have become a significant problem in many developing countries and have been identified as an emerging issue for many developed countries. Recent incidents have revealed the presence of counterfeit health products in the Canadian supply chain. In 2008-09, Health Canada will establish an Anti-Counterfeiting Approach for Health Products that will focus on compliance verification and investigation, compliance monitoring, and laboratory analysis. The approach will also outline an education function for Health Canada, promote partnerships and encourage the use of emerging technology. As part of this approach, we will develop tools and regulations that will address many of the risks posed by counterfeit health products.

Since the coming into force of Division 5 of the *Food and Drug Regulations*, "Drugs For Clinical Trials Involving Human Subjects" in September 2001, the number of compliance verifications related to clinical trials has augmented moderately. However, Canada is not meeting the internationally comparable best practice target for inspections of 2% of sites annually. In 2008-09, Health Canada plans to carry out approximately 80 inspections of clinical trials to meet this benchmark.

Expected Results	Performance Indicators
• Improved Health Canada's ability to conduct ongoing evaluation of drugs over the product's life-cycle	• Extent to which legislation, regulations and new guidances are published in *Canada Gazette II* and implemented
• Updated counterfeit strategy that is based on sound science and risk management	• Number and type of new tools and regulations developed (to address counterfeit-related risks)
• Achievement of international benchmark of 2% of all clinical trials inspections conducted annually	• Number of clinical trials inspections conducted annually
• Collect more and better information on the safety of health products that are on the market	• Number of adverse reaction reports received

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
61.6	673.3	60.8	667.7	59.8	663.0

Total net of revenue in the amount of $27.4 million

Key Program/Service - Medical Devices

Description:

The Medical Devices program sub-activity regulates medical devices for human use. Prior to being given market authorization, a manufacturer must present substantive scientific evidence of a medical device's safety, effectiveness and quality as required by the *Medical Devices Regulations*. Medical devices cover a wide range of health or medical instruments used in the treatment, mitigation, diagnosis, or prevention of a disease or abnormal physical conditions. The program sub-activity also provides key stakeholders and members of the public with timely, evidence-based and authoritative information to make informed decisions and healthy choices.

Post-market surveillance for medical devices is a key element contributing to safe and effective medical devices by Canadians. The 2004 Office of the Auditor General's Report[4] revealed major gaps in the medical device program, noting the need to take strong action against unapproved devices on the market, as well as the need for an effective inspection program.

In response to the report, Health Canada has started to implement an inspection program for medical device establishment licence holders. In order to achieve the desired inspection cycle of 3 years as per the *Medical Devices Regulations*, Health Canada sets a target every year to conduct a certain amount of medical devices inspections. The targeted number for 2008-09 is to conduct an estimated 211 Medical Devices Establishment inspections, which will help reduce the inspection cycle to 7 years by March 2009. The Cost-Recovery Initiative which will be implemented in 2008-09 will be a key contributor to supporting the hiring of qualified personnel to increase the number of inspections conducted for medical devices.

Expected Results	Performance Indicators
• Increased rate of compliance by industry with the *Medical Devices Regulations*	• Percentage of non-compliance observations by regulations type
• Reduction of the inspection cycle of medical devices to 7 years by March 2009	• Number of medical devices inspections conducted annually

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
27.2	297.0	26.8	294.5	26.4	292.5

Total net of revenue in the amount of $7.6 million

Program Activity - Food and Nutrition

Planned Spending and Full-Time Equivalents (FTEs)

($ millions)	Forecast Spending 2007-08	Planned Spending 2008-09	Planned Spending 2009-10	Planned Spending 2010-11
Gross expenditures Less: Expected respendable revenues	84.7 1.3	79.3 1.3	77.6 1.3	77.4 1.3
Net expenditures	83.4	77.9	76.3	76.0
FTEs	699	706	695	692

Notes: The decrease in forecast/planned expenditures from 2007-08 to 2008-09 is mainly due to the sunset of the Agriculture Policy Framework.

The decrease in planned expenditures from 2008-09 to 2009-10 is mainly due to the sunset of Health Canada's Response to Bovine Spongiform Encephalopathy.

Figures for 2007-08 have been restated due to the change in the Program Activity Architecture for 2008-09.

Figures include an amount for departmental and regional infrastructure costs in support of program delivery.

The Food and Nutrition program activity establishes policies, regulations and standards related to the safety and nutritional quality of food. Food safety standards-quality are enforced by the Canadian Food Inspection Agency (CFIA). The legislative framework for food is found in the *Food and Drugs Act* and Regulations, the *Canadian Food Inspection Agency Act* and the *Department of Health Act*.

The program activity also promotes the nutritional health and well-being of Canadians by collaboratively defining, promoting and implementing evidence-based nutrition policies and standards. As the focal point and authoritative source for nutrition and healthy eating policy and promotion, the program activity disseminates timely, evidence-based and authoritative information to

Canadians and stakeholders to enable them to make informed decisions and healthy choices.

Health Canada's activities to strengthen food safety are key parts of Canada's *Food and Consumer Safety Action Plan*. As part of the action plan, Health Canada will modernize its food safety system through an integrated and proactive approach. Health Canada will conduct legislative amendments to the *Food and Drugs Act*, which would help streamline and provide more consistent regulatory tools across all sectors and better position Health Canada to achieve its food safety mandate.

More specifically, Health Canada addresses the mitigation of risks to human health associated with foods that contain environmental contaminants (e.g. mercury in fish), chemicals resulting from food processing (e.g. furan and acrylamide in food), chemicals resulting from industrial (e.g. heavy metals, Persistent Organic Pollutants (POPs), and agricultural (veterinary drugs and pesticides) uses. Health Canada identifies and assesses potentially harmful health effects of these contaminants and determines appropriate ways for Canadians to reduce their exposure to them, while at the same time considering the benefits of consuming particular foods that may contain such contaminants.

In the area of nutrition, controlling the addition of vitamins and minerals to our foods (a process known as fortification) is one way that Health Canada ensures that Canadians receive the nutrients they need but are not exposed to levels that are dangerously high. With the increasing marketing of certain newly fortified foods (beverages) and highly fortified foods in other jurisdictions, Health Canada has an obligation to ensure the safety and safe use of some of these products. Currently, other jurisdictions such as Australia and New Zealand, and the Commission of European Communities, are in the process of developing policies on voluntary fortification of foods.

Healthy eating plays a vital role in promoting health and reducing the risk of obesity and other nutrition–related chronic diseases. Changes in social and physical environments are resulting in increasingly complex and influential forces affecting the eating practices of Canadians. Activities to advance knowledge about what Canadians are eating, the determinants of eating behaviour and effective strategies to promote healthy eating are essential to the development of meaningful and effective policies and programs to improve the nutritional health and well-being of Canadians.

To address some of these pressures, Health Canada plans to put in place a number of initiatives and measures, which are described in key programs below.

Expected Results	Performance Indicators
• Reduction of the exposure to disease-causing food- borne micro-organisms and environmental agrochemical contaminants, food allergens	• Incidence rate of illness/diseases related to food products
• Increased level of informed choices/healthy decisions related to food quality and food safety	• Number of educational documents published (i.e., Codes of Practice, policies, Internet postings)

Key Program/Service - Food Borne Pathogens

Description:

The Foodborne Pathogens program sub-activity regulates the mitigation of risks to human health associated with emerging (new and re-emerging) pathogens along the food chain, as required under the *Food and Drug Regulations*. The program sub-activity contributes to the reduction of human exposure to disease-causing,

foodborne microorganisms, thereby lowering the incidence of foodborne illnesses in Canada.

The program sub-activity is responsible for the investigation of the prevalence of pathogens and the associated risks in food, and for the communication of appropriate intervention strategies. It also provides timely, evidence-based and authoritative information to Canadians and stakeholders about the risks of pathogens in food to enable them to make informed decisions and healthy choices.

Complete control of foodborne pathogens is very difficult as microorganisms may be introduced to foods at all stages of the food chain and may survive food processing. In addition, foods may become contaminated later during preparation, cooking and storage. Health Canada has the responsibility for developing appropriate intervention strategies to combat disease-causing foodborne micro-organisms in all food consumed in Canada.

Reducing the exposure to foodborne microorganisms will result in lowering the incidence of foodborne illnesses in Canada. Health Canada will undertake extensive communication/education efforts to increase the awareness and knowledge of consumers[6]. In addition, the Department will improve its science-based advice, guidelines, policies, and regulations to contribute to improved food production and handling practices. In 2008-09, we will conduct education campaigns for raw meat, poultry and unpasteurized juice, complete and implement regulations for safe handling and labelling of raw ground meat, develop policy and regulatory proposals for unpasteurized juice, conduct a research project to address current knowledge gaps in *E. coli* in produce and launch a consumer communication campaign as a joint produce package and include information on leafy greens, sprouts, unpasteurized juices, and other fresh fruits and vegetables.

Expected Results	Performance Indicators
• Increased consumer awareness and knowledge of proper ways to combat disease-causing foodborne micro-organisms	• Consumer campaigns conducted for raw meat, poultry and unpasteurized juice
• Enhance food production and handling practices to reduce exposure to disease-causing foodborne micro-organisms	• Complete and implement regulations for safe handling and labelling of raw ground meat

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
16.1	146.2	15.8	143.9	15.7	143.3

Key Program/Service - Food Borne Chemical Contaminants

Description:

The Foodborne Chemical Contaminants program sub-activity regulates the mitigation of risks to human health associated with foods that contain environmental contaminants and chemicals resulting from industrial and agricultural uses; mitigation of human health effects associated with food allergies in vulnerable populations; identification, assessment, and determination of harmful health effects associated with food-borne natural toxicants and the development of intervention strategies to limit human exposure to these chemicals; and identification, assessment and mitigation of risks to human health associated with chemicals resulting from food processing operations, including intentional additives, packaging, and incidental formation induced by heating, fermentation, and irradiation, as required under the *Food and Drug Regulations*.

The program sub-activity is responsible for the investigation of the prevalence of chemical contaminants in foods available for sale in Canada and the associated risks in food, and for the communication of appropriate intervention strategies. The program sub-activity also provides timely, evidence-based and authoritative information to Canadians and stakeholders about the risks of chemical contaminants in food to enable them to make informed decisions and healthy choices.

Health Canada also identifies and assesses the potentially harmful health effects of a number of food borne chemical contaminants and determines appropriate ways for Canadians to reduce their exposure to them. In 2008-09, Health Canada will implement a risk communication plan on risks to mercury in fish and benefits of fish consumption (target population at risk: women of child-bearing age and young children); develop an integrated Food Chemical Surveillance plan through Health Canada's Food Chemical Safety Laboratory Network; generate, publish and provide guidance on data resulting from its food chemical surveillance activities, for example vis-à-vis the occurrence of recently reported chemicals in foods (e.g. furan, acrylamide in foods available in Canada).

Expected Results	Performance Indicators
• Limited exposure of Canadians to selected chemicals in food	• Mercury Risk communication strategy: Number of publications/communications written by Health Canada • Number of new standards limiting the occurrence of chemicals in food sold in Canada • Number of publications related to Health Canada's food chemical surveillance activities and associated actions taken (standard setting, risk assessment/management)

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
33.6	304.8	32.9	300.0	32.8	298.7

Key Program/Service - Novel Foods

Description:

The Novel Foods program sub-activity assesses the safety of all genetically-modified and other novel foods proposed for sale in Canada. Before such foods can be sold in Canada, companies must submit detailed scientific data for review and approval, as required under the *Food and Drug Regulations*.

Novel foods are foods resulting from a process not previously used for food products that do not have a history of safe use as a food and foods that have been modified by genetic manipulation, also known as genetically modified (GM) foods, genetically engineered foods or biotechnology-derived foods.

The program sub-activity also provides timely, evidence-based and authoritative information to Canadians and stakeholders on the safety of novel foods to enable them to make informed decisions and healthy choices.

Health Canada will improve the transparency and process for review of pre-market submission for novel

foods[7]. Activities related to this commitment, will improve the predictability, credibility and consistency of Health Canada's approach to the regulation and safety assessment of novel foods. In 2008-09, we will implement quality management practices, and develop standard operating procedures for novelty determination.

Expected Results	Performance Indicators
• Improved transparency and process for review of pre-market submissions for novel foods	• Number and type of quality management practices implemented and standard operating procedures produced for novelty determination.

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
4.9	44.6	4.8	43.9	4.8	43.7

Key Program/Service - Nutrition

Description:

The Nutrition program sub-activity promotes the nutritional health and well-being of Canadians by collaboratively defining, promoting and implementing evidence-based nutrition policies and standards. The program sub-activity maintains and improves the nutritional quality and safety of the food supply to help ensure that it meets the needs of the general population; ensures that infant formula and foods for special medical purposes (e.g. formulated liquid diets) are safe and nutritionally adequate for their indicated uses; and establishes requirements and guidelines for factual, consistent, and understandable information on food labels about the nutrient content of food.

In addition, the program sub-activity ensures that nutrition claims and health claims are consistent, not misleading or deceptive, and based on recognized health and scientific criteria. The program sub-activity ensures, to the extent possible, that products promoted by these claims are safe and nutritious.

The program sub-activity also makes available information about the nutrient composition of food to Canadians and stakeholders to enable them to make informed decisions and healthy choices.

In 2008-09, Health Canada will continue with the monitoring of the trans fat levels of prepackaged and restaurant foods. The results of this assessment will be used to develop strategies to reduce the presence of trans fatty acids[8] in Canadian diets to the lowest possible levels, consistent with the recommendations of the Trans Fat Task Force.

Also in 2008-09, Health Canada will put in place a working group to oversee a strategy for reducing sodium intake; establish clear and consistent policies for health claims, including aligned policies for the management of the food/natural health product interface; and conduct consumer research to find out about consumers' perceptions of foods that carry health claims and the benefits that these foods might provide. Health Canada will also continue work to provide for safe levels of nutrient intakes for Canadians in the context of the whole diet, and ensure an appropriate level of health protection. This will be accomplished through the development of policy decisions and regulations on fortification for restoration, mandatory fortification, discretionary addition of vitamins and minerals to foods, and for special purpose foods, while broadening the number of fortified food products. In 2008-09, we will publish regulatory amendments in

Canada Gazette, Part I; develop proposals for a regulatory amendment; develop a contract with the US Institute of Medicine, and the National Academies of Science, to launch a review of Vitamin D, and continue the work of the new Government of Canada federal steering committee on Dietary Reference Intakes (DRI).

In 2008-09, Health Canada will work with Canadian and U.S. federal government partners, and the United States' Food and Nutrition Board of the Institute of Medicine (FNB/IOM) to contribute to the refinement of the framework for the next review of the Dietary Reference Intakes (DRIs), which form the scientific basis for the development of national nutrition policies and standards. Health Canada will develop a contract with the IOM to launch a review of Vitamin D and related nutrients. We will also publish and disseminate revised recommendations on nutrition and healthy eating during pregnancy[9]. To help build research capacity and inform nutrition policies, we will release a report on vegetable and fruit consumption, and the third Volume of summary data tables on Nutrient Intakes from Food, both based on the Canadian Community Health Survey 2.2, Nutrition Focus[8]. To assist Canadians to make informed food choices, nutrition labelling[10] information will be included in healthy eating awareness initiatives and will continue to be profiled through distribution of the revised Food Guide[11].

Expected Results	Performance Indicators
• Reduced presence of trans fatty acids in Canadian diets to the lowest possible levels: Limit the trans fat content of vegetable oils and soft, spreadable margarines to 2% of the total fat content; and limit the trans fat content for all other foods to 5% of the total fat content, including ingredients sold to restaurants	• Percentage of stakeholders who are aware of trans fatty acids • Number of foods or food groups falling below recommended limits
• Increased consumer confidence in the nutrition claims and health claims	• Percentage of Canadians who are confident in nutrition claims and health claims
• Amended *Food and Drug Regulations* including provisions for the discretionary fortification of foods	• Number and type of regulations and policies developed and published
• Increased level of awareness, knowledge and informed choices/healthy decisions related to nutrition and healthy eating	• Percentage of stakeholders who have used information to make healthy food choices • Percentage of stakeholders who are knowledgeable about nutrition and information to make healthy food choices • Number and type of reports, information (e.g. educational tools and research publications produced and disseminated)
• Strategy on sodium intake reduction developed	• Working group on sodium intake established
• Improved transparency and process for review of pre-market submissions for novel foods	• Number and type of quality management practices implemented and standard operating procedures produced for novelty determination

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
23.2	210.5	22.7	207.2	22.7	206.3

ENDNOTES

1. **Blueprint for Renewal policy framework**
   http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/hpfb-dgpsa/blueprint-plan/blueprint-plan_ll_intro_e.html

2. **The Government of Canada's Food and Consumer Safety Action Plan**
   http://healthycanadians.ca/pr-rp/plan_e.html

3. **The Auditor General Report of November 2006 - Chapter 8**
   http://www.cbc.ca/news/background/auditorgeneral/report200611.html

4. **The Auditor General Report of 2004**
   http://www.oag-bvg.gc.ca/domino/reports.nsf/html/20040302ce.html

5. **Cabinet Directive on Streamlining Regulation**
   http://www.regulation.gc.ca/cdsr-dcrr_e.pdf

6. **Food-related health advisories, warnings and other food safety information**
   http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_08_e.html
   http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_58_e.html
   http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_142_e.html
   http://www.hc-sc.gc.ca/fn-an/securit/handl-manipul/index_e.html

7. **Novel foods (or also known as Genetically Modified Foods)**
   http://www.hc-sc.gc.ca/fn-an/gmf-agm/index_e.html
   http://www.hc-sc.gc.ca/fn-an/gmf-agm/appro/index_e.html
   http://www.hc-sc.gc.ca/fn-an/legislation/acts-lois/index_e.html

8. **The Canadian Community Health Survey 2.2, Nutrition Focus**
   http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/index_e.html

9. **Nutrition and healthy eating during pregnancy**
   http://www.hc-sc.gc.ca/fn-an/nutrition/prenatal/index_e.html

10. **Nutrition labelling**
    http://www.hc-sc.gc.ca/fn-an/label-etiquet/index_e.html

11. **Food Guide**
    http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html

Strategic Outcome: Reduced Health and Environmental Risks from Products and Substances, and Healthy, Sustainable Living and Working Environments

Program activities touch many aspects of Canadians' daily lives. These include: drinking water safety; air quality; chemicals in the workplace and the environment; substance use and abuse; tobacco and secondhand smoke; consumer product safety (including cosmetics); radiation exposure; workplace health; and, pest control products. Other health and safety related activities include: the Government's public safety and anti-terrorism initiative; chemical and nuclear emergency preparedness; inspection of food and potable water for the travelling public; and, health contingency planning for visiting dignitaries. Much of this work is governed through legislation including the *Canadian Environmental Protection Act (CEPA)*, the *Controlled Drugs and Substances Act*, the *Hazardous Products Act*, the *Tobacco Act*, the *Food and Drugs Act*, the *Radiation Emitting Devices Act*, the *Quarantine Act, the Pest Control Products Act*, and others.

Health Canada will continue to advance science and use strong evidence-based research to formulate our healthy and safe living promotion and harm prevention programs, policies and regulations. Our experts work closely with colleagues in the federal government and beyond (e.g. academia) in the areas of both research and development and related scientific activities. Anticipatory, applied and novel research provide the evidence of emerging health issues through investigations along the continuum from exposure and hazard assessment, to mechanism of action and population studies, to contribute to the design and implementation of policies, regulations and legislation, as well as to decision making, aiming at protecting the health and safety of Canadians. In our role as a regulator, we extend our scientific research by contributing to the generation, dissemination and application of scientific and technological knowledge, including the assessment of products and processes for the purpose of regulation, as well as surveillance, testing and collection of information. In addition to our internal activities related to scientific research, health surveillance and foresight in the safe use of emerging and merging technologies (such as biotechnology and nanotechnology), we will also use the science conducted by external organizations to help identify risks to human health, and assess and manage these risks.

In response to the 2006 report of the Auditor General, a Comprehensive Review of programs was launched to determine the full costs of regulatory programs and identify opportunities to improve management and efficiency. An integrated change strategy will detail the actions to be undertaken immediately and over the coming years to address any gaps, risks, opportunities, and challenges identified by the Review. The findings of the Review will also be leveraged to support the development of an Integrated Planning and Reporting Strategy that will bring together planning tools and software, finances, risks, results, and performance indicators to improve business intelligence for management decision making and provide greater rigour, structure and integration to planning and accountability.

Activities within this strategic outcome require sustained partnerships with other federal government departments as well as provinces and territories, non-governmental organizations, academia, and the international community. We work closely, for example, with all branches of Health Canada as well as Environment Canada, Natural Resources Canada, the Public Health Agency of Canada, the Canadian Institute for Health Information, and others on health and environment issues. Through the Government's National Anti-drug Strategy aimed at tackling illegal drug use and associated crime, we are working with Justice Canada, Public Safety Canada, the Royal Canadian Mounted Police, and the Canada Border Services Agency. We are also engaged in the Government's public safety and anti-terrorism initiatives. In addition, we collaborate with provinces and territories through various committees to develop guidelines on issues such as tobacco cessation and safe drinking water, and to coordinate nuclear emergency preparedness

activities. Our work with international partners allows us to better respond to domestic health and safety issues, meet our obligations and commitments, share best practices, and promote Canadian leadership globally.

The contributions of Health Canada's regional offices are integral to program delivery. They include: playing a leadership role on key national initiatives; conducting inspection, surveillance and educational activities related to consumer products, tobacco, controlled drugs and substances; conducting risk assessments and evaluations; and providing health advice to federal employees, provinces and municipalities related to chemical contaminants and exposure levels, and work environments.

The following program activities help support the Strategic Outcome:

- Sustainable Environmental Health
- Consumer Products
- Workplace Health
- Substance Use and Abuse
- Pesticide Regulation

Program Activity - Sustainable Environmental Health

Planned Spending and Full-Time Equivalents (FTEs)

($ millions)	Forecast Spending 2007-08	Planned Spending 2008-09	Planned Spending 2009-10	Planned Spending 2010-11
Gross expenditures Less: Expected respendable revenues	152.1 1.4	166.8 1.4	181.3 1.4	179.0 1.4
Net expenditures	150.7	165.4	179.9	177.6
FTEs	966	1,056	1,092	1,071

Notes: The increase in forecast/planned expenditures from 2007-08 to 2008-09 is due mainly to an increase in the funding level for protecting Canadians and the environment from toxic substances through the Chemicals Management Plan.

The increase in planned expenditures from 2008-09 to 2009-10 is due mainly to an increase in the funding level for the Chemicals Management Plan and for the implementation of the Clean Air Regulatory Agenda.

Figures include an amount for departmental and regional infrastructure costs in support of program delivery.

The environment continues to be a key determinant of health for all Canadians. This program activity promotes and protects the health of Canadians, including vulnerable populations such as children, by identifying, assessing and managing health risks posed by environmental factors in living, working and recreational environments. The scope of activities includes: research on drinking water quality, air quality, contaminated sites, toxicology and climate change; clean air programming and regulatory activities; risk assessment and management of environmental contaminants, including new and existing chemical substances, environmental noise, environmental electromagnetic frequencies, products of biotechnology and products of other new and emerging technologies (including nanotechnology); solar ultraviolet radiation; preparedness for nuclear and environmental disasters as well as working with the passenger conveyance industry to protect the travelling public.

The *Canadian Environmental Protection Act,1999*, in concert with other federal statutes such as the *Hazardous Products Act*, the *Food and Drugs Act*, and the *Pest Control Products Act*, provide assessment and protection regimes for a variety of substances and products. Under the New Substances Notification Regulations of CEPA, 1999, new substances undergo a rigorous health and environmental risk assessment before they can be used in Canada. Under the Chemicals Management Plan, Health Canada and Environment Canada have used the results of the categorization of the 23,000 existing substances in Canada as of the mid-1980s to determine priority chemicals for assessment and then management of the risks associated with those substances deemed to pose a possible risk to human health and the environment. Other activities include: implementing a national bio-monitoring system; developing risk management performance agreements with industry sectors; and, strengthening the assessment and management of environmental health risks, including those posed by pharmaceuticals, personal care products, cosmetics, and food. Finally, enhanced communications and outreach activities allow Canadians to make better informed decisions about limiting their exposure to potential environmental hazards.

Expected Results	Performance Indicators
• Timely regulatory system response to new and emerging health risks related to toxic chemicals and environmental risks to health	• Proportion of regulatory activities addressed within service standards/target
• New and emerging health risks related to toxic chemical substances are identified, assessed and managed	• Time period within which serious health risks are brought into a risk management regime
• Canadians are knowledgeable and aware of environmental health issues	• % of target population aware of environmental health issues

Key Program/Service - Air Quality

Description:

Under the 2007 Regulatory Framework for Air Emissions, Health Canada supports and improves risk management actions to address both indoor and outdoor air quality risks to health. Using valuation tools and strategies, the health impacts of proposed regulatory options will be evaluated. Health Canada and Environment Canada will establish air quality objectives for particulate matter and ozone, two important constituents of smog. The Air Quality Health Index will also be introduced to help Canadians make informed decisions about reducing their health risks. In addition, Health Canada will develop indoor air guidelines, awareness and prevention programs, and source product regulations to reduce exposure to indoor contaminants. Health Canada will also build awareness related to radon in indoor air.

Expected Results	Performance Indicators
• Risk assessments leading to improved risk management strategies to reduce overall human exposure to air pollutants	• Number of assessments and strategies in support of regulations, standards, and practices • Application of the Air Quality Benefits Assessment Tool to estimate health benefits of

• Increased public awareness of the impacts of reduced indoor and outdoor air pollution and the protective measures that can be taken	air pollution reductions • % of target population that have access to the Air Quality Health Index

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
50.9	242	51.2	248	51.9	251

Key Program/Service - Water Quality

Description:

Health Canada provides leadership and scientific expertise to better protect human health against health risks from drinking and recreational water. For 2008-09, up to 5 *Guidelines for Canadian Drinking Water Quality* will be developed and submitted for approval through the federal, provincial and territorial (F/P/T) process. The new edition of the *Guidelines for Canadian Recreational Water Quality* will be posted for consultation, and the *Guidelines for Household Reclaimed Water* are expected to be finalized and published. Health Canada will continue to work with partners to prioritize and develop strategies to improve the safety of small community drinking water supplies.

Expected Results	Performance Indicators
• F/P/T policies incorporate health-based requirements for drinking and recreational water quality to reduce risks to the health of Canadians	• Number of Guidelines for Canadian Drinking Water Quality approved by F/P/T committees
• Provinces adopt a common set of strategies to address current gaps specific to small drinking water systems, leading to improved drinking water quality, particularly in rural and remote communities	• Successful completion of pilot projects or strategies to address current gaps specific to small systems

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
23.7	154	23.2	151	23.1	149

Key Program/Service - Chemical Management

Description:

The Chemicals Management Plan will enable Health Canada and Environment Canada to protect the health of Canadians and the environment from risks associated with chemical substances. The chemical substances will be assessed over a three year time frame and, every three months, batches of 15 to 30 chemicals

assessments will be released to industry and stakeholder groups for a 6-month comment period. Health Canada and Environment Canada will integrate chemical substances activities across federal laws and significantly strengthen and accelerate the risk assessment and risk management of new and existing substances. The monitoring, research, and reporting needed to measure the success of Health Canada and Environment Canada in protecting Canadians' health and the environment from risks due to chemical substances will be established. In addition, Health Canada and Environment Canada will work with stakeholders to develop and implement a regulatory framework that will provide for appropriate environmental assessments of substances found in commodities regulated under the *Food and Drugs Act*.

Expected Results	Performance Indicators
• Increase level of Canadian public awareness of chemical management issues and actions being taken	• Level of awareness of Chemicals Management Plan and action being taken
• Risk assessments are conducted and risk management objectives are met for regulations and other control instruments for substances and the products of biotechnology	• % completion of plans within service standards/targets to assess and reduce release of, or uses of, the highest priority chemicals
• Declining trends in levels of risk, adverse reactions, illnesses, and injuries from toxic chemical substances in the environment and their use and/or the risk of exposure to Canadians	• Number of incidents of illnesses/injury due to toxic chemical substances, levels of priority contaminants in humans, and levels of priority contaminants in environmental media
• Enhanced knowledge of environmental hazards and evidence on which regulatory decisions are based	• Number of peer reviewed posters, publications, workshops, advice given
• Timely regulatory system response to new and emerging health risks related to new substances and the products of biotechnology	• Proportion of risk assessments and regulatory activities addressed within service standards/targets

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
61.5	406	76.6	442	81.6	461

Key Program/Service - Passenger Conveyances

Description:

As mandated by the *Department of Health Act*, Health Canada conducts inspection activities for the protection of public health on conveyances including railways, ships and aircraft as well as their ancillary services (i.e., flight kitchens). Health Canada plays a critical role in preventing the introduction and spread of communicable diseases in Canada, including pandemics. Work is currently underway to address risk areas and to meet our commitments under the World Health Organization's International Health Regulations. In the interim, Health Canada continues to improve its program in consultation with the conveyance industries, including expanding its water management plans to trains and ferries and initiating discussions with airport and seaport operators. These activities will supplement the current voluntary program on a transitional basis until the legislative framework is in place. In addition, Health Canada will develop and implement a risk-

based inspection framework, including an assessment tool to determine the types and frequency of inspections that are required. This will be a core feature of the transitional activities and the proposed new framework.

Expected Results	Performance Indicators
• Improved public health prevention measures in relation to conveyances and ancillary services • Declining trends in levels of passengers with gastro-intestinal disease • Adherence to Potable Water Guidelines for Common Carriers	• Proportion of inspection activities conducted within service standards/targets • % of passengers reported having gastro Intestinal disease • # of inspection/audit reports that confirm adherence to Potable Water Guidelines

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
1.4	24	1.3	24	1.2	23

Key Program/Service - Emergency Preparedness

Description:

Health Canada provides physical and psycho-social emergency preparedness and response services to Government employees across Canada, including the provision of trained staff, personal protective equipment, analytical equipment to conduct on-site inspections in emergency situations, response vehicles, and communication devices. Health Canada also ensures the psycho-social health of public servants and that those employed by the Government of Canada are protected and supported prior, during, and following emergencies in order to maintain the delivery of services to the Canadian public. Plans are currently underway to increase the number of emergency response locations, develop a Programme Emergency Response Plan which will be consistent with the Health Portfolio Emergency Response Plan, expand Emergency Preparedness and Response training and exercises, and validate decontamination methodologies to allow re-occupancy of federal workplaces contaminated by infectious bio-agents.

Health Canada also coordinates Government of Canada preparedness and response activities relating to radio-nuclear emergencies, maintains and provides technical and scientific capability in support of health impact assessment in the event of a radio-nuclear emergency, discharges Canadian and international obligations and liaison for radio-nuclear emergencies, and enhances the preparedness and response capacity of the Health Portfolio with respect to Chemical Emergencies. Health Canada also leads multi-agency federal technical and scientific research and development projects, maintains a national radiological laboratory and surveillance networks, and is involved in emergency responder training and exercises in support of Canada's chemical, biological, radiological, and nuclear national security initiatives. The Federal Nuclear Emergency Plan will be updated and linked to the Federal Emergency Response Plan being developed by Public Safety by March 2010.

The description of Emergency Preparedness includes Healthy Environments and Consumer Safety Branch activities only.

Expected Results	Performance Indicators
• Timely regulatory system response to radio-nuclear emergencies	• Proportion of Health Canada's planned activities that are ready to respond to radio-

• Health Canada is ready to provide support for chemical emergencies • Business continuity is managed during and after a workplace critical incident affecting the federal public service	nuclear emergencies addressed within service standards/targets • Proportion of Health Canada's planned activities that are ready to respond to chemical emergencies within service standards/targets • % of employees able to remain at work through and/or return to work following a critical incident • Hazard-specific plan developed • The plan is followed • Deficiencies in plan are identified

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
9.4	82	9.3	81	9.0	80

The financial information for Emergency Preparedness includes Healthy Environments and Consumer Safety Branch activities only.

Program Activity - Consumer Products

Planned Spending and Full-Time Equivalents (FTEs)

($ millions)	Forecast Spending 2007-08	Planned Spending 2008-09	Planned Spending 2009-10	Planned Spending 2010-11
Gross expenditures Less: Expected respendable revenues	25.8 0.5	24.6 0.5	25.1 0.5	27.1 0.5
Net expenditures	25.3	24.2	24.6	26.6
FTEs	195	203	208	216
Notes: Figures include an amount for departmental and regional infrastructure costs in support of program delivery.				

Health Canada identifies, assesses, manages, and communicates to Canadians the health and safety risks associated with consumer products (including domestic, industrial and clinical use products), cosmetics and radiation emitting devices. This is achieved through research, risk assessments and the development of risk management strategies to minimize the exposure of Canadians to potentially hazardous products. Also included are regulatory monitoring and compliance activities as well as information, education and guidance aimed at both industry and the public. Relevant acts include: *Hazardous Products Act, Food and Drugs Act (cosmetics), and Radiation Emitting Devices Act.*

Expected Results	Performance Indicators
• Declining trends in levels of risk, adverse reactions, illnesses, and injuries from hazardous products, substances, cosmetic products, and radiation emitting devices	• Number of incidents of illnesses/injury from hazardous products, substances, cosmetic products, and radiation emitting devices
• Adherence to Acts and Regulations	• % of inspected registrants/firms/users that are compliant/non compliant
• Canadians are knowledgeable/aware of the health risks of exposure to hazardous products, substances, cosmetic products, and radiation emitting devices	• % of public that is knowledgeable/aware of the risks of exposure to hazardous products, substances, cosmetic products, and radiation emitting devices

Key Program/Service - Consumer Product Safety

Description:

Recent events such as lead in children's jewellery and ingestible magnets in children's toys have called into question the safety of consumer products on the market. In the Speech from the Throne, the Government committed to "introduce measures on food and product safety to ensure that families have confidence in the quality and safety of what they buy". In support of this commitment, Health Canada worked with other key federal departments to develop Canada's new Food and Consumer Safety Action Plan, with three key action areas. The Action Plan aims to prevent health and safety problems, by providing further guidance to industry and better information to empower consumers in making informed decisions. The Action Plan also targets the highest risks by keeping a vigilant eye on products that pose the greatest hazard potential to the public. Finally, the Action Plan proposes new legislation that will enable the government to respond faster to protect the public when a problem occurs. The proposed legislation would emphasize industry's responsibilities for the safety of the consumer products they put into the marketplace, and provide stronger and more flexible regulatory backstops such as mandatory reporting of injuries, illnesses and defects, and mandatory product recalls. Health Canada will also work with key trading partners (and other countries) to strengthen cooperation and dialogue on issues related to consumer products (including cosmetics) and radiation emitting devices. A 30-day consultation period was held to seek the views of the provincial and territorial governments, industry, non-governmental organizations, consumer groups, and the general public. It is anticipated that the proposed new legislation will be tabled before the House of Commons in early 2008. Health Canada will also work with key trading partners (and other countries) to strengthen cooperation and dialogue on issues related to consumer products (including cosmetics) and radiation emitting devices. For example, a Memorandum of Understanding between Canada and China was signed in November 2007, which will see the establishment of technical working groups on consumer product safety issues of interest and other mechanisms to facilitate information exchange, including conducting urgent consultations on significant consumer product safety concerns.

Expected Results	Performance Indicators
• Declining trends in levels of risks, adverse reactions, illnesses, and injuries from consumer products	• Number of incidents of illnesses/injury related to consumer products
• Adherence to Acts and Regulations	• % of inspected registrants/firms/users that are compliant/non compliant

• Canadians are knowledgeable/aware of the health risks related to consumer products	• % of public that is knowledgeable/aware of the risks associated with consumer products

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
14.8	124	15.1	127	17.3	134

Program Activity - Workplace Health

Planned Spending and Full-Time Equivalents (FTEs)

($ millions)	Forecast Spending 2007-08	Planned Spending 2008-09	Planned Spending 2009-10	Planned Spending 2010-11
Gross expenditures Less: Expected respendable revenues	62.0 13.8	48.9 14.1	48.2 14.1	46.4 14.1
Net expenditures	48.2	34.8	34.1	32.2
FTEs	463	437	436	434

Notes: The decrease in forecast/planned expenditures from 2007-08 to 2008-09 is due largely to the one-year funding received in 2007-08 for the Public Service Health Program.

Figures include an amount for departmental and regional infrastructure costs in support of program delivery.

This program activity provides services to protect the health and safety of the federal public sector, visiting dignitaries, and others. Specific programs include: the provision of occupational health services to federal employees; delivery of the Employee Assistance Program; emergency health services to Internationally Protected Persons; dosimetry services (the measurement of personal, occupational exposure to radiation); and, Workplace Hazardous Materials Information System (WHMIS) a national hazard communication standard, including worker education, inspector training and standards for cautionary labels.

Expected Results	Performance Indicators
• Timely system response to public service employees with psycho-social problems	• % of public service employee clients' psycho-social problems dealt with within service standards
• Internationally Protected Persons and Canadian Public Servants are protected during visits and events from work-related and	• % of visits/events without serious health-related incidents for Internationally Protected Persons or for Canadian Public Servants

other risks to their health and safety • Adherence to Acts, Regulations, and Guidelines	• % of federal departments that are purveyors of water, that are in compliance with the Canadian Guidelines on Drinking Water Quality

Key Program/Service - Public Service Health

Description:

Through the Public Service Health Program, Health Canada provides occupational health and safety services to federal employees working in Canada and overseas. The Public Service Health Program has undertaken two studies aimed at revitalizing and modernizing the Program. The first study is looking at the financial management practices of the Program and will be making recommendations related to linkages between operational planning, performance measurement and resource allocation. The second study will include a review of the operational performance of the program, a client needs analysis, review of best practices, market analysis, and a gap analysis which will lead to the presentation of costed options for the renewal of the Program.

Expected Results	Performance Indicators
• Federal departments that are purveyors of water are in compliance with the Canadian Guidelines on Drinking Water Quality	• Number of federal departments that are contributing to the development of a "safe drinking water in area of federal jurisdiction" document
• The health and well-being of Canadian Public Servants abroad including dependents and locally engaged staff is maintained	• Number of incidents of illnesses/injury of Canadian Public Servants while abroad • Number of times advice and guidance is provided to maintain the health of Canadian Public Servants abroad

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
25.6	265	25.3	265	25.3	266

Key Program/Service - Workplace Hazardous Materials Information System

Description:

Health Canada, through collaboration of its National WHMIS Office with all federal, provincial and territorial occupational health and safety regulatory authorities, is reviewing WHMIS to, among other things, be consistent with the Globally Harmonized System of Classification and Labelling of Chemicals, while maintaining WHMIS standards, improving the overall communication of hazards in Canadian workplaces and facilitating international trade in chemicals.

Expected Results		Performance Indicators			
• Stakeholders and the public have confidence and trust in the regulatory system		• % of stakeholders and public that have confidence and trust in the regulatory system			
2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
2.5	18	2.5	20	2.5	20

Key Program/Service - Dosimetry Services

Description:

The National Dosimetry Services (NDS) protect Canadians who are potentially exposed to ionizing radiation in the workplace by providing accurate, reliable and timely monitoring and reporting of exposures. This information allows workers to modify their methods and practices to reduce the health risks associated with ionizing radiation. The Canadian Nuclear Safety Commission requires that some workers have their radiation dose monitored and the NDS ensures that this service is available to Canadian workers. NDS also supports the Federal Nuclear Emergency Plan by providing response personnel with dosimetry capabilities in the event of a radiological emergency.

Expected Results		Performance Indicators			
• Timely response to requests for radiation exposure data for workers		• % of radiation exposure reports received by workers within service standards • % of clients satisfied with the service they receive			
2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
1.4	69	1.4	70	1.4	70

Program Activity - Substance Use and Abuse

Planned Spending and Full-Time Equivalents (FTEs)

($ millions)	Forecast Spending 2007-08	Planned Spending 2008-09	Planned Spending 2009-10	Planned Spending 2010-11
Net expenditures	142.3	152.9	151.5	148.2
FTEs	555	575	586	586

Notes: The difference between forecast and planned spending is due to a reprofile of funding from 2007-08 for the Drug Strategy Community Initiative Fund to 2008-09 and 2009-10 as well as an increase in funding for the National Anti-Drug Strategy which decreases slightly in 2010-11.

Figures include an amount for departmental and regional infrastructure costs in support of program delivery.

Through regulatory, programming and educational activities, Health Canada seeks to improve health outcomes by reducing and preventing tobacco consumption and combatting alcohol and drug abuse.

Through the *Tobacco Act* and its regulations, Health Canada regulates the manufacture and sale of tobacco. Health Canada also leads the Federal Tobacco Control Strategy.

Health Canada administers the *Controlled Drugs and Substances Act (CDSA)* and its regulations. Through four regional labs, Health Canada provides expert scientific advice and drug analysis services to law enforcement agencies. The *Marihuana Medical Access Regulations* and related programs control the authorization for use and cultivation of *marihuana* by those suffering from grave and debilitating illnesses. Health Canada is a partner in the National Anti-Drug Strategy which includes: prevention programming aimed at youth; facilitating access to treatment programs; compliance and enforcement activities related to controlled substances and precursor chemicals; and, increased resources to drug analysis services commensurate with the increase in law enforcement resources; and the need to enhance the safety of procedures used in the dismantling of clandestine laboratories.

Expected Results	Performance Indicators
• Reduced tobacco consumption	• Smoking prevalence rate in % of the Canadian population
• Reduced abuse of drugs, alcohol, and other controlled substances	• Prevalence (in %) rates of illicit drugs, alcohol, and pharmaceuticals

Key Program/Service - Tobacco

Description:

Health Canada will continue to work in support of its commitment to contributing to the improvement of the health of Canadians by reducing tobacco-related disease and death in Canada. Through the Federal Tobacco Control Strategy 2007-2011, Health Canada is committed to moving forward with a number of tobacco control initiatives including: increasing the number of smokers who quit, updating the health warning messaging on tobacco packaging, and enforcing product labelling requirements. The goal of the Federal Tobacco Control Strategy is to reduce overall smoking prevalence from 19% (2005) to 12% by 2011.

Expected Results	Performance Indicators
• Declining number of Canadians who choose to smoke	• Smoking prevalence rates • % Canadians exposed daily to second-hand smoke
• Declining number of Canadians who are exposed to second-hand smoke	• Number of incidents of illnesses/injury related to second-hand smoke

• Adherence to Acts and Regulations restricting Canadian youth's access to tobacco		• % of inspected retailers complying with prohibitions on the sale of tobacco to youth			
2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
59.9	209	59.6	210	59.4	209

Key Program/Service - Alcohol

Description:

Health Canada is developing national alcohol drinking guidelines to support Canada's move toward a culture of moderation where alcohol is used sensibly. The guidelines aim to help Canadians reduce the risks associated with drinking.

Expected Results		Performance Indicators			
• Increased awareness of responsible drinking practices		• % of the population aware of National Alcohol Drinking Guidelines			
2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
9.3	37	9.2	38	8.9	38

Key Program/Service - Controlled Substances

Description:

The National Anti-Drug Strategy puts forth the Government of Canada's strategic approach to address key concerns surrounding the presence and use of illicit drugs in Canada. Under the Strategy, Health Canada will focus on reducing drug use among Canadians, particularly vulnerable groups; supporting effective approaches to treatment for drug dependencies; and supporting enforcement activities through enhanced compliance, particularly for precursor chemicals used in illicit drug production, and enhanced safety in the dismantling of clandestine laboratories.

Expected Results	Performance Indicators
• Increased awareness and understanding of illicit drugs and harmful health and social effects associated with illicit drug use	• % of youth aware about harmful health and social effects associated with illicit drug use
• Illegal drug operations are dismantled in a safe manner	• Ratio of clandestine laboratories safely dismantled in relation to the total number of labs dismantled by the Drug Analysis Service. Safety is defined as no injuries to investigation officers and no additional risk to the environment

• Industry and sites comply with legislation and regulations		• % of inspected registrants/firms/users that are compliant/non compliant			
2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
83.8	329	82.8	339	80.0	339

Program Activity - Pesticide Regulation

Planned Spending and Full-Time Equivalents (FTEs)

($ millions)	Forecast Spending 2007-08	Planned Spending 2008-09	Planned Spending 2009-10	Planned Spending 2010-11
Gross expenditures Less: Expected respendable revenues	68.3 7.0	67.5 7.0	68.2 7.0	68.3 7.0
Net expenditures	61.3	60.5	61.2	61.3
FTEs	702	707	715	712
Notes: Figures include an amount for departmental and regional infrastructure costs in support of program delivery.				

To help prevent unacceptable risks to people and the environment, and facilitate access to sustainable pest management tools, Health Canada, through the Pest Management Regulatory Agency (PMRA), regulates the importation, sale and use of pesticides under the federal authority of the *Pest Control Products Act* (*PCPA*) and Regulations.

Protecting human health and the environment is an important priority for Health Canada and science is the foundation for Health Canada's activities related to the *PCPA* and its Regulations. We conduct assessments of risks to human health and the environment arising from exposure to chemical and biological pesticides as well as assessments of the value of these products. In support of this work, we develop assessment methodologies, pesticide testing protocols, risk reduction strategies, and risk management tools. Scientific expertise is in place in the following areas: toxicology, environmental toxicology, analytical chemistry, environmental fate and chemistry, biochemistry, endocrinology, ecology, crop science, plant pathology, entomology, occupational and bystander risk assessment, and aggregate and cumulative risk assessment.

The PMRA will work closely with other Health Canada branches and Health Portfolio members over the next fiscal year on a variety of initiatives. We will collaborate with Health Canada and Environment Canada to achieve re-evaluation targets established through the Government of Canada's Chemicals Management Plan. We will continue to work horizontally with Agriculture and Agri-Food Canada (AAFC) through our joint Pesticide Risk Reduction Program. This year, the program will focus on finding sustainable solutions to key areas of pesticide risk associated with grower identified pest management issues. Health Canada's National Pesticide Compliance Program (NPCP) will continue to work with national partners to promote, verify and enforce compliance with the *PCPA*. Compliance strategies, programs and activities will be modernized to align with new priorities and to improve transparency of the program and results to Canadians.

The PMRA co-chairs a multi-departmental working group known as the '6NR', involving six federal science-based departments and agencies (Agriculture and Agri-food Canada, the Canadian Food Inspection Agency, Environment Canada, Fisheries and Oceans Canada, Health Canada, and Natural Resources Canada). Over the next fiscal year, the 6NR will complete the summative evaluation of the Horizontal Initiative: *Building Public Confidence in Pesticide Regulation and Improving Access to Pest Management Products* (also referred to as the *BPC Initiative*). Further information can be found at: http:// www.pmra-arla.gc.ca/english/pdf/plansandreports/evaluation_bpcinitiative-e.pdf.

Expected Results	Performance Indicators
• Declining trends in levels of risk from regulated pest control products • Increased stakeholder awareness of risks and confidence in regulatory activities	• Level of risks based on exposure and hazard • % of the target population aware/engaged/ confident

Human resources capacity to respond to the PMRA's needs continues to be an ongoing challenge. This requires that the PMRA continually re-prioritize work plans.

To address this, the PMRA has integrated Human Resources Planning within the Business Planning process and identified key priorities, including monitoring and reporting of these activities. The priorities are:

- Designation of Senior Manager Champion to develop a strategy with options/actions and monitoring and reporting;
- Working closely with Human Resources to build capacity; and,
- Continue to allocate funding to recruitment and staffing activities.

Key Program/Service - Evaluation of New Products

Description:

Before a new pesticide can be registered for use in Canada, Health Canada conducts an extensive pre-market assessment. This includes assessments of human health risks, food residues, environmental risk, and value. Only pesticides whose use poses no unacceptable risk will be registered.

To protect health and the environment as well as to maximize the efficiency of our regulatory process, the PMRA works closely with international partners. In 2008-09, the PMRA will continue to expand on progress made with the United States and Mexico under the North American Free Trade Agreement (NAFTA) on the technical requirements and processes involved in new pesticide registration. We will also continue our work with the Organisation for Economic Development (OECD) countries with a focus to increase the number of global joint reviews and work sharing arrangements. International joint review and work sharing programs help the PMRA to address the technology gap that exists between Canada and the United States. To increase Canadians' confidence in our pesticide regulatory system, the PMRA will improve the transparency of our new product decision-making process and enhance our communications initiatives.

Expected Results	Performance Indicators
• Timely regulatory system response to pre-market reviews • Improve international regulatory cooperation	• Proportion of regulatory actions addressed within service standards/targets • Number of new registrations completed

• Increase transparency and communications for the evaluation of new products	through joint review or work share programs • % of target population aware and engaged

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
28.8	370	29.2	374	29.2	373

Total net of revenue in the amount of $3.4 million

Key Program/Service - Re-evaluation of Older Products

Description:

Health Canada re-evaluates older pesticides currently available on the market to determine if their continued use is acceptable in consideration of modern scientific approaches and standards. The *PCPA* requires older pesticides to be re-evaluated on a 15-year cycle to reduce risks to human health and the environment.

The PMRA conducts joint reviews of older pesticides with international partners such as the United States, Mexico, and OECD countries to help facilitate timely decisions. In 2008-09, we will continue to work with the United States Environmental Protection Agency to develop joint re-evaluation work plans and processes, as well as to initiate two work sharing pilot projects. In addition to committing to meet the PMRA's re-evaluation targets, we will be working with Environment Canada and other Health Canada branches to meet ambitious re-evaluation goals established under the Government of Canada's Chemicals Management Plan. As part of our life cycle stewardship strategy, the PMRA will be working with growers to develop transition strategies for products under re-evaluation. As with our new product decision-making process, the PMRA will increase the transparency of our re-evaluation process and improve communications to our stakeholders and the Canadian public.

Expected Results	Performance Indicators
• Timely regulatory response to post-market review • Improve international regulatory cooperation • Increase transparency and communications for the re-evaluation of older products	• Proportion of regulatory actions addressed within service standards/targets • Number of re-evaluations completed through joint review or work share programs • % of target population aware and engaged

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
13.0	176	13.2	178	13.2	177

Total net of revenue in the amount of $1.9 million

Strategic Outcome: Better Health Outcomes and Reduction of Health Inequalities Between First Nations and Inuit and Other Canadians

The objective of First Nations and Inuit health program activity is to improve health outcomes, by ensuring the availability of, and access to, quality health services, and by supporting greater control of the health system by First Nations and Inuit.

Health Canada works closely with our health partners and other federal departments to support First Nations and Inuit health. We support the Public Health Agency of Canada in its delivery of Children and Youth programming through the Aboriginal Head Start in Urban and Northern Communities program, as well as its work on a number of pan-Aboriginal programs and pandemic planning activities. We work closely with Indian and Northern Affairs Canada (INAC) through: the First Nations Water Management Strategy, to ensure that all First Nations communities across Canada have access to a safe and reliable water supply; the Home and Community Care program, to address the gaps in continuing care services available to First Nations and Inuit communities; and the Labrador Innu Comprehensive Healing Strategy, to support long term healing in the Labrador Innu communities. We also work with Indian Residential Schools Resolution Canada to ensure that eligible former students of Indian residential schools have access to mental health and emotional supports.

Program Activity - First Nations and Inuit Health Programming and Services

Planned Spending and Full-Time Equivalents (FTEs)

($ millions)	Forecast Spending 2007-08	Planned Spending 2008-09	Planned Spending 2009-10	Planned Spending 2010-11
Gross expenditures Less: Expected respendable revenues	2,217.1 5.4	2,161.5 5.5	2,215.1 5.5	2,048.3 5.5
Net expenditures	2,211.7	2,156.0	2,209.6	2,042.8
FTEs	2,879	2,876	2,880	2,728

Notes: The decrease in forecast/planned expenditures from 2007-08 to 2008-09 is due in part to the one-year funding received in 2007-08 to support the delivery of health services to First Nations and Inuit populations. The decrease is partially offset by an increase in the funding level for the Indian Residential Schools Resolution Health Support Program and the yearly growth for the Indian Envelope.

The increase in planned expenditures from 2008-09 to 2009-10 is due mainly to an increase in the funding level for the Indian Residential Schools Resolution Health Support Program, the National Anti-Drug Strategy, and the yearly growth of the Indian Envelope.

The decrease in planned expenditures from 2009-10 to 2010-11 is due largely to the sunset of funding for the Follow-up to the Special Meeting of Ministers and Aboriginal Leaders in September 2004 and for the Territorial Medical Travel and Health Access Funds. The decrease is partially offset by the yearly growth of the Indian Envelope.

Figures include an amount for departmental and regional infrastructure costs in support of program delivery.

Health Canada delivers a range of health services to First Nations and Inuit. A series of primary health care services are provided in approximately 200 First Nations communities, largely in rural or remote areas where access to provincial health care services is limited. In addition, home and community care services are provided in approximately 600 First Nations communities. Health Canada supports a range of community-based health programs, focussing on children and youth, mental health and addictions, and chronic disease and injury prevention. We also deliver a range of public health programs with a focus on communicable disease control, including tuberculosis, HIV/AIDS and immunization, and environmental health and research. The Non-Insured Health Benefits (NIHB) Program provides approximately 800,000 eligible First Nations and Inuit with a limited range of medically necessary health-related goods and services not provided through private insurance plans, provincial/territorial health or social programs or other publicly funded programs. Health Canada also maintains healthcare infrastructure, including nursing stations, treatment centres and community health centres. To support greater First Nations and Inuit control over their health system, many health programs and services are provided in collaboration with First Nations and Inuit communities, and a number of communities deliver their own health services through Contribution Agreements with Health Canada. Health Canada also works closely with other health partners, including provinces and territories, to support and coordinate health programs and services for First Nations and Inuit.

Health Canada uses information from evaluations and review studies to support program improvement on a continual basis. We will continue to work on three integrated program cluster evaluations for the Children and Youth, Environmental Health and Research and Communicable Disease Control program areas and on an implementation/process evaluation for the Maternal Child Health program in 2008-09.

Expected Results	Performance Indicators
• Strengthened community programs; better health protection; improved primary health care; and access to non-insured health benefits to contribute to improved health status of First Nations and Inuit individuals, families and communities	• Life expectancy (at birth, on and off reserve) • Birth weight • NIHB client utilization rates

Human Resource Challenges:

The Department continues to experience challenges in recruiting nurses into First Nations and Inuit communities, especially in remote and isolated areas. Health Canada is particularly concerned with the impact that nursing shortages have on the provision of services and the health and well-being of First Nations and Inuit, and we are undertaking a number of activities to address this challenge. Through the Aboriginal Health Human Resource Initiative, Health Canada is supporting Aboriginal students to pursue health careers, and working to improve retention of existing health care workers in First Nations and Inuit communities. We will continue to support the recruitment and retention of nurses in First Nations communities by pursuing the integration of Nurse Practitioners and Licensed Practical Nurses for health program delivery in remote and isolated First Nations communities. We will continue an aggressive nurse recruitment campaign to include piloting a Nurse Practitioner Student Incentive program to attract Nurse Practitioner students to First Nations communities. We will also continue to work with the Canadian Association of Schools of Nursing and other stakeholders to provide appropriate education programs to meet mandatory training requirements.

Key priorities:

1. Continuing to provide health-related programs and services
2. Improving quality of and access to health-related programs and services
3. Promoting healthy living and disease prevention
4. Improving accountability and performance measurement

Key Programs and Services

In addition to the four priorities, the Department has identified five key program areas from the Program Activity and Architecture (PAA).

Key Program/Service - First Nations and Inuit Community Programs

Description:

First Nations and Inuit Community Programs support a suite of community-based and community delivered programs, initiatives and strategies that collectively aim to improve the health outcomes and reduce health risks in three targeted areas: Children and Youth; Chronic Disease and Injury Prevention; and Mental Health and Addictions. In the area of children and youth, the primary objective is to improve the health of mothers, infants and families, as well as support the development of children in an effort to address the gap in life chances between Aboriginal and non-Aboriginal children. In the area of chronic disease and unintentional injury, the primary objective is to deliver services that reduce the rate of chronic diseases (such as type-2 diabetes) and injuries among Aboriginal people to levels consistent with other Canadians. Finally, in the area of mental health and addictions, the primary objective is to deliver direct prevention and promotion activities on reserves and in communities to improve physical, social, emotional, and spiritual well-being of Inuit and Aboriginal populations. Through these objectives, Community Programs support the overarching goal of supporting Aboriginal communities in becoming healthy, sustainable, culturally strong, and economically viable.

Expected Results	Performance Indicators
• Improved continuum of programs and supports in First Nations and Inuit communities • Increased participation of Aboriginal individuals, families, and communities in programs and supports	• Number and percentage of communities with programs • Number and type of participants in programs by program type

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
347.9	408.4	363.5	408.9	247.8	387.4

Health Canada will continue to invest in the **Maternal Child Health Program.** This program provides pregnant First Nations women and families with infants and young children living on-reserve with home visits by nurses and trained, experienced mothers in the community. The program also provides case management for families living with more complex needs. In the north, program funding will continue to enhance existing health promotion programs. Key plans for 2008-09 are to increase the number of trained nurses and home visitation workers and enhance existing health

promotion programs in Nunavik, Nunatsiavut and the Territories.

Work to expand the **Aboriginal Head Start on Reserve** (AHSOR) program will continue through increased training of AHSOR staff and a study of the status of AHSOR capital facilities in communities to better define capital requirements. The goal of the AHSOR program is to support locally controlled and designed early childhood intervention strategies for on-reserve First Nations children. Outreach activities will be strengthened and expanded to serve small communities that do not have enough children to run a centre-based program. In 2008-09, the results of 17 demonstration projects undertaken to improve integration and coordination among AHSOR, Human Resources and Social Development Canada's First Nations and Inuit Child Care Initiative, and INAC funded daycares in Alberta and Ontario will be used to inform future work on key components of the interdepartmental early childhood development strategy.

Implementation of the **National Aboriginal Youth Suicide Prevention Strategy** will continue with a focus on prevention, skills training, and the development of protocols to respond to suicide-related crises. Moreover, the Strategy will support greater awareness and knowledge through activities promoting mental wellness and resiliency among youth. Evaluation, data gathering and research initiatives will be undertaken to improve knowledge of effective Aboriginal youth suicide prevention activities and how suicide impacts Aboriginal youth living off reserve and in urban areas.
Health Canada and its partners have developed a strategic action plan for First Nations and Inuit **mental wellness** that aims to improve mental wellness through a coordinated continuum of mental health and addictions services respecting traditional, cultural and mainstream approaches to healing. Work with our partners, including the new Mental Health Commission of Canada, will continue in 2008-09 in order to validate and implement elements of the plan. In 2008-09, key aspects of the plan that can proceed within existing resource levels, such as raising awareness of the plan and aligning existing mental wellness activities with its objectives, will be implemented. The Department will also continue to offer a range of mental health and emotional support services to former students of residential schools and their families through the Indian Residential Schools Resolution Health Support Program.

Through **Patient Wait Times Guarantees pilot projects** in diabetes and prenatal care services on-reserve, Health Canada will test defined time frames and access to alternative care options if these time frames are exceeded. In 2008-09, pilot projects will begin data collection and testing of time frames.

Continuing work under the **Aboriginal Diabetes Initiative** will improve screening and care services and will strengthen community-based diabetes prevention and promotion activities through increased training and employment of community-based diabetes prevention workers. Participatory research will be undertaken to gather more data on pre-diabetes, diabetes and its complications, and to develop strategies to reduce the burden of the disease. Complementary activities to aid in diabetes prevention will also be undertaken including the continued promotion and dissemination of a Eating Well with Canada's Food Guide -- First Nations, Inuit, and Métis, as well as ongoing partnerships with retailers in northern isolated communities to support healthy eating by increasing the availability, quality and promotion of healthy foods.

Key Program/Service - First Nations and Inuit Health Protection and Public Health

Description:

Health Canada works with the provinces and First Nations communities to support a public health system on-reserve that includes basic services such as: communicable disease control and surveillance; prenatal

education; immunization; environmental health services (drinking water testing, health inspections, etc.).	
Expected Results	**Performance Indicators**
• Improved access to communicable disease prevention and control programs for First Nations and Inuit individuals, families and communities	• Number and percentage of communities with programs
• Improved environmental health risk management	• Number of communities with access to a trained Community-Based Water Monitor • Number of communities equipped with water testing/sampling kits

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
47.6	388.3	47.7	388.8	46.7	368.3

Employing a team approach which focuses on building First Nations' capacity, Health Canada works with First Nations to ensure that all First Nations communities south of 60° have access to safe and reliable drinking water. Health Canada raises awareness in First Nations communities of the importance of using safe drinking water best practices on-reserve for public health through targeted risk communication materials.

In 2008-09, Health Canada will begin implementation of a new policy to: address the **drinking water quality** in individual wells and wells with two to four connections on-reserve; focus on public awareness and education; enhance quality assurance/quality control monitoring for contaminants; and, develop waterborne illness procedures.

As part of Health Canada's efforts to ensure that its nursing stations and health centres meet appropriate environmental standards, we will undertake remediation activities in at least 9 of 19 remaining contaminated sites in 2008-09. Health Canada will also continue its work with First Nations and Inuit to help them improve their health and well-being by building and supporting their capacity to identify, understand and control the impact of exposure to environmental hazards. In 2008-09, we will provide a total of $2 million in funding to at least 10 First Nations and Inuit communities to develop community-based research projects dealing with health-related environmental issues. In addition, Health Canada will continue to conduct regionally-based traditional food safety workshops, bringing together First Nations communities to increase their knowledge of the nutritional benefits and risks of contaminants so they can make informed decisions on food choices.

Key Program/Service - First Nations and Inuit Primary Care

Description:

Health Canada provides directly or funds the provision of 24/7 primary care treatment services in 76 nursing stations located in remote and isolated reserves, where there are no provincial services readily available, and funds or provides access to home and community care services such as nursing, personal care and respite in

all First Nations and Inuit communities.

Expected Results	Performance Indicators
• Improved access to primary health care programs and services for First Nations and Inuit individuals, families and communities	• Number and percentage of communities with programs • Number of treatment centres by type, in the communities

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
269.4	880.8	272.7	882.0	271.5	835.5

Key Program/Service - Non-Insured Health Benefits (Supplementary) for First Nations and Inuit

Description:

The NIHB Program provides approximately 800,000 eligible First Nations and Inuit with a limited range of medically necessary health-related goods and services not provided through private insurance plans, provincial/territorial health or social programs or other publicly-funded programs. The benefits provided under the NIHB Program include prescription drugs, dental and vision care, medical supplies and equipment, short-term crisis intervention mental health services, medical transportation to access medical services not available on-reserve or in the community of residence, and health care premiums in Alberta and British Columbia.

Expected Results	Performance Indicators
• Access by eligible clients to Non-Insured Health Benefits	• Utilization rates for dental and pharmacy benefits (# and %)

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
963.3	631.3	989.5	632.2	1,004.3	598.8

Key Program/Service - Governance and Infrastructure Support to First Nations and Inuit Health System

Description:

Health Governance and Infrastructure Support aims to increase First Nations and Inuit control over health programs, establish adequate First Nations and Inuit infrastructure and health services and improve capacity

to generate and use health information. These activities include: health facilities; health planning and management; capacity building; consultation and liaison; integration and coordination of health services; stewardship and health research; knowledge and information management; health human resources; e-Health services; and health services accreditation.

Expected Results	Performance Indicators
• Access to quality health services • Increased capacity of First Nations and Inuit communities to manage and deliver health programs and services	• # of health facilities and services accredited • % of communities with community-based health systems under First Nations and Inuit control (transferred communities)

2008-09		2009-10		2010-11	
($ millions)	FTEs	($ millions)	FTEs	($ millions)	FTEs
528.0	567.2	536.2	568.0	472.7	538.0
Total net of revenue in the amount of $5,450,000					

Health Canada will continue to work with our partners to support the development and implementation of **quality improvement activities**, including accreditation of First Nations and Inuit health organizations, and modernization and accreditation of addictions treatment centres. In 2008-09, $2.5 million will be invested in accreditation with an estimated 10% increase in the number of accredited treatment centres and health services.

By increasing the amount of **bursary and scholarship funds** available through the National Aboriginal Achievement Foundation and other Aboriginal organizations, we will exceed our target of doubling the numbers of First Nations, Inuit and Métis students pursuing health career studies, and in the longer term, will increase the supply of Aboriginal health care workers. We will also continue to work with provinces, territories, colleges and universities to double the number of student support programs for First Nations, Inuit and Métis health care students. Through work with health professional organizations and post-secondary school partners, health educational curricula will be adapted so that future health care workers have a better understanding of First Nations, Inuit and Métis clients, leading to an improved quality of service to the clients and better health outcomes.

Health Canada supports the **construction, operation, maintenance and environmental management** of on-reserve health facilities and staff residences. In 2008-09, fourteen health facilities will be constructed or expanded, and recapitalization initiatives (repairs, replacements, upgrades) will improve the working environment of clients and staff, and enhance the quality of health care services offered at the community level. We will also invest $1.5 million in environmental audit, assessment and remediation activities to ensure operations of health facilities in First Nations communities meet environmental codes and requirements and are consistent with the Department's commitments to sustainable development.

The **Aboriginal Health Transition Fund** will continue to support federal, provincial and territorial governments, and Aboriginal communities and organizations, to improve the integration and adaptation of health services to better meet the needs of First Nations, Inuit and Métis. Expected results for 2008-09 include the implementation of provincial and territorial plans and projects to better adapt health care services, and the continued implementation of Health Canada Regional plans and projects, to improve the integration and coordination of provincial, territorial and federal health programs and services. These projects,

along with cross-jurisdictional First Nations, Inuit and Métis projects supported by capacity funding, will contribute to improve partnerships between federal, provincial and territorial governments and Aboriginal peoples in the delivery of health programs and services for Aboriginal peoples. In addition, Health Canada will continue to pursue improvements to quality and accessibility of health services for First Nations through tripartite agreements with provincial governments, such as the *First Nations Tripartite Health Plan* with the Province of British Columbia and British Columbia First Nations Leadership Council.

In March 2004, the federal government directed **Canada Health Infoway** to facilitate the development of an electronic Pan-Canadian communicable disease management and public health surveillance system (now known as Panorama) in partnership with the provinces and territories. In 2008-09, plans will be completed and implementation begun to include First Nations health facilities and communities within the provincial implementations of Panorama.

Health Canada is developing plans for an enhanced and more effective use of information and communications technologies to support health care delivery and management. We will continue our collaborative work with various stakeholders towards the finalization of long-term **Health Infostructure and e-Health strategy framework**.

The **First Nations Regional Longitudinal Health Survey** is a national health survey of First Nations on-reserve. This survey collects information on medical and non-medical determinants of health and well-being of First Nations people living on reserves. Health Canada funds this survey and works collaboratively with the Assembly of First Nations on this project to build First Nations capacity and participation in health data collection and analysis. The data collection phase is expected to be completed in 2008-09.

FIRST NATIONS AND INUIT PROGRAMS AND SERVICES AND WEB LINKS

Non-Insured Health Benefits 2005/06 Annual Report
http://www.hc-sc.gc.ca/fnih-spni/pubs/nihb-ssna/2006_rpt/index_e.html

Non-insured Health Benefits Program
http://www.hc-sc.gc.ca/fnih-spni/nihb-ssna/index_e.html

Aboriginal Head Start On Reserve
http://www.hc-sc.gc.ca/fnih-spni/famil/develop/ahsor-papa_intro_e.html

Fetal Alcohol Spectrum Disorder
http://www.hc-sc.gc.ca/fnih-spni/famil/preg-gros/intro_e.html

Aboriginal Diabetes Initiative
http://www.hc-sc.gc.ca/fnih-spni/diseases-maladies/diabete/index_e.html

Injury Prevention
http://www.hc-sc.gc.ca/fnih-spni/promotion/injury-bless/index_e.html

Indian Residential Schools Resolution Health Support Program
http://www.hc-sc.gc.ca/fnih-spni/services/indiresident/index_e.html

National Native Alcohol and Drug Abuse Program
http://www.hc-sc.gc.ca/fnih-spni/substan/ads/nnadap-pnlaada_e.html

Drinking Water Quality
http://www.hc-sc.gc.ca/fnih-spni/promotion/water-eau/index_e.html

Immunization Schedule for Infants and Children
http://www.phac-aspc.gc.ca/im/is-cv/index.html

Targeted Immunization Strategy
http://www.hc-sc.gc.ca/ahc-asc/activit/strateg/fnih-spni_e.html#immuni

e-Health
http://www.hc-sc.gc.ca/fnih-spni/services/ehealth-esante/index_e.html

Aboriginal Health Human Resources Initiative
http://www.hc-sc.gc.ca/ahc-asc/activit/strateg/fnih-spni_e.html#ahhri-irrhs

New web-links to the Communicable Disease Control Division (CDCD)
http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/phcphd-dsspsp/cdcd-dcmt_e.html

Contribution Agreements
http://www.hc-sc.gc.ca/fnih-spni/finance/agree-accord/index_e.html

SUPPLEMENTARY INFORMATION

Table 1: Departmental Links to the Government of Canada Outcomes

Program Activity	Planned Spending ($ millions) 2008-09	2009-10	2010-11	Alignment to Government of Canada Outcome Area
Strategic Outcome #1: Accessible and sustainable health system responsive to the health needs of Canadians				
Canadian Health System	306.3	304.9	291.8	Healthy Canadians
Canadian Assisted Human Reproduction	2.1	2.1	2.1	Healthy Canadians
International Health Affairs	28.7	28.4	28.2	A safe and secure world through international co-operation
Strategic Outcome #2: Access to Safe and Effective Health Products and Food and Information for Healthy Choices				
Health Products	186.5	184.1	180.9	Healthy Canadians
Food and Nutrition	77.9	76.3	76.0	Healthy Canadians
Strategic Outcome #3: Reduced Health and Environmental Risks from Products and Substances, and Healthy, Sustainable Living and Working Environments				
Sustainable Environmental Health	165.4	179.9	177.6	A clean and healthy environment
Consumer Products	24.2	24.6	26.6	Healthy Canadians
Workplace Health	34.8	34.1	32.2	Healthy Canadians
Substance Use and Abuse	152.9	151.5	148.2	Healthy Canadians
Pesticide Regulation	60.5	61.2	61.3	Healthy Canadians
Strategic Outcome #4: Better Health Outcomes and Reduction of Health Inequalities Between First Nations and Inuit and Other Canadians				
First Nations and Inuit Health Programming and Services	2,156.0	2,209.6	2,042.8	Healthy Canadians
Total	**3,195.3**	**3,256.7**	**3,067.7**	

Table 2: Sustainable Development Strategy

Health Canada's current Sustainable Development Strategy (SDS) entitled "A Path to Sustainability" is a three-year strategic plan containing commitments to integrate sustainable development principles and practices into our policies, programs and operations - recognizing the complex interrelationships between health, the environment, the economy, and a range of social elements.

Maintaining continuity with the previous strategy, SDS IV builds on the same three themes:

- Helping to create healthy social and physical environments
- Minimizing the environmental and health effects of the department's physical operations and activities
- Integrating sustainable development into departmental decision-making and management processes

Health Canada's Strategy contains 51measurable targets under these three long-term themes. The targets contribute to the department's strategic outcomes such as access to safe and effective health products and information, reduced health and environmental risks, safer living and working environments, and better health outcomes for First Nations and Inuit and other Canadians. Specific targets address priorities such as clean air, clean water, sustainable communities, protection of the environment and human health, food safety, procurement, training and awareness, environmental stewardship, and integrating sustainable development into departmental decision-making and management processes.

Our Strategy reflects Health Canada's commitment to a coordinated federal approach for the fourth round of departmental SDSs, a government-wide initiative, led by Environment Canada, to strengthen coherence and accountability across departmental sustainable development strategies. This collaborative effort resulted in a set of common federal sustainable development goals and an associated reporting format that will enable government-wide reporting on key federal sustainable development issues for the first time since the establishment of the SDS process.

Select targets from Health Canada's Sustainable Development Strategy 2007-10: *A Path to Sustainability*, are documented in the table below in addition to performance measures, and expected progress for the fiscal year April 1, 2008 - March 31, 2009. The targets are numbered as they are in the Health Canada Sustainable Development Strategy for ease of reference. Priorities for 2008-09 include:

- Implementation of the Air Quality Health Index in 7 Census Metropolitan Areas
- Publication of a complete Climate Change and Health Vulnerability Assessment
- Publication of *Guidelines for Canadian Household Reclaimed Water*
- Revised policies on Product-Specific Health Claims
- Establishment of procedures and mechanisms to phase-out low fuel-efficient vehicles in Health Canada's fleet

For additional information on targets found in Health Canada's Sustainable Development Strategy 2007-10: *A Path to Sustainability*, please contact the Office of Sustainable Development at osd@hc-sc.gc.ca

Six Federal Long-Term Sustainability Goals	
I.	Clean and secure water for people, marine and freshwater ecosystems
II.	Clean air for people to breathe and ecosystems to function well
III.	Reduce greenhouse gas emissions
IV.	Communities enjoy a prosperous economy, a vibrant and equitable society, and a healthy environment for current and future generations
V.	Sustainable development and use of natural resources
VI.	Strengthen federal governance and decision-making to support sustainable development

Legend for the following table:

SDS Departmental Goal:		
SDS Departmental Targets:	Performance Measure from Current SDS:	Department's Expected Results for 2008-09:
Clean Air		
Between 2007-10, Health Canada will work to improve management and communication of the health risks of indoor and outdoor air pollution, including fact sheets, finalization of the Air Quality Health Index (AQHI) and further development of the Air Health Indicator. (1.1.3) **Supports Federal Goal II**	# of Census Metropolitan Areas where AQHI is implemented Air Health Indicator (AHI) developed and tested	Finalize development and test the AHI by March 31, 2009 Report on AHI in the final Canadian Environmental Sustainability Indicators Report
During the course of SDS IV, Health Canada will develop tools and information materials, including a summary of the Climate Change and Health Vulnerability Assessment, to better prepare Canadians and health professionals to deal with potential health impacts associated with a changing climate. (1.1.4) **Supports Federal Goal II**	Risk management tools developed and implemented (e.g. Heat alert systems) with partners and stakeholders Publication of completed Climate Change and Health Vulnerability Assessment on Health Canada web site	Assessment and summary document published and distributed

Clean Water		
During the period 2007-10, Health Canada will establish and/or implement strategies, including a national waterborne contamination and illness response protocol, to help address and prevent incidences of drinking water contamination across jurisdictions, including for small systems and in small, rural and remote communities. (1.2.5) **Supports Federal Goal I**	Real-time alert and reporting system for Boil Water Advisories developed (with the Public Health Agency of Canada), pilot tested, launched, and adopted progressively by federal, provincial and territorial (F/P/T) governments Successful completion of pilot projects or strategies to address current gaps specific to small systems, and testing and adoption by Canadian jurisdictions	Promote use through F/P/T channels Identification/evaluation of tools and strategies for small systems Expected Result by 2010: Provinces adopt a common set of strategies to address current gaps specific to small drinking water systems, leading to improved drinking water quality, particularly in rural and remote communities
During the course of SDS IV, Health Canada will develop and update a minimum of 5 water quality guidelines for specific contaminants annually, including drinking and recreational water. (1.2.6) **Supports Federal Goal I**	# of guidelines for water quality approved and adopted by F/P/T committees	5 guidelines/guidance documents for water quality approved by F/P/T committees *Guidelines for Canadian Recreational Water Quality* posted on Health Canada website for public consultation Publication of final version of *Guidelines for Canadian Household Reclaimed Water*
Sustainable Communities		
By March 2010, Health Canada commits to having completed the assessment of 16 sites requiring investigation of suspected petroleum hydrocarbon contamination, as well as the remediation of the 18 known petroleum hydrocarbon contaminated sites (as of March 2006) for which the department is responsible at health facilities on reserves. (1.3.2) **Supports Federal Goal IV**	Sites suspected, or known to have petroleum hydrocarbon contamination assessed and remediated, if required Assessment and remediation reports developed	Remediate 10 petroleum hydrocarbon contaminated sites

During the course of SDS IV, at least one of Health Canada's regional offices will explore the opportunity to collaborate with provincial and municipal organizations in the development of sustainable development practices or initiatives. (1.3.17 **Supports Federal Goal IV**	Number of car-pooling registrations on the internet site	The Démarche Allégo project in the Québec Region will encourage and promote better commuting habits with the car-pooling initiative
Protection of the Environment and Human Health		
During the 2007-10 period, develop a regulatory framework based on policy and technical analysis of issues related to the development of *Environmental Assessment Regulations* for new substances contained in products regulated under the *Food and Drugs Act*. (1.4.2)	International analysis conducted Development of the regulatory framework data requirements for the *Environmental Assessment Regulations*	Advancing the development of the regulatory framework for the *Environmental Assessment Regulations* for new substances contained in products regulated under the *Food and Drugs Act* Consultation on the regulatory frameworks for the *Environmental Assessment Regulations* Development of data requirements for the *Environmental Assessment Regulations* Consultation on the data requirements for *Environmental Assessment Regulations*
Food Safety		
By March 2010, continue to establish policies and standards related to the nutritional quality of foods (Trans Fat, Food Fortification, Product-Specific Health Claims). (1.5.2)	<u>Transfat</u> Implemented action plan <u>Food Fortification</u> Number and type of regulations and policies developed and published	<u>Transfat</u> Stakeholder support for and implement the plan of action established in 2007-08 <u>Food Fortification</u> A comprehensive policy on the discretionary fortification of foods <u>Product-specific Health Claims</u> Regulatory framework: revised policies and recommendations
By March 2010, continue to: • develop appropriate intervention strategies to reduce the public's exposure to priority pathogens in specific	<u>Food borne Pathogens</u> Number of educational documents published (i.e., Codes of Practice, policies, Internet postings)	<u>Food borne Pathogens</u> Increased consumer awareness of risk avoidance practices for: • unpasteurized juices • meats Unpasteurized Juice Regulation:

commodities • increase consumer awareness of risk avoidance practices for targeting specific commodities and vulnerable groups • update risk management strategies to limit exposure to Canadians to selected chemicals in food. (1.5.4)		• Publication of proposed regulation in *Canada Gazette Part I* For Safe Handling of Raw Ground Meats and Poultry: • Draft regulatory amendment package for *Canada Gazette Part I* including RIAS and Communications Plan • Finalize amendments Guideline #10 <u>Foodborne Chemicals</u> Implement a risk communication plan on risks to mercury in fish and benefits of fish consumption (target population at risk, women of child-bearing age and young children) Develop effective risk management approaches to reduce Canadian dietary exposure to low-level genotoxic carcinogens and other trace contaminants in food (i.e., environmental sources and food processing-induced) Develop integrated Food Chemical Surveillance plan through Health Canada's Food Chemical Safety Network, and set standards to limit exposure to selected natural toxins (e.g. oxytoxin A and vomitoxin DON)
Fleet		
By March 2010, reduce greenhouse gas (GHG) emission per vehicle per kilometre. (2.1.1) **Supports Federal Goal III**	Annual average GHG emissions per vehicle per kilometre reduced	Establish procedures and mechanisms to phase-out low fuel-efficient vehicles, increasing the use of ethanol-blended vehicles and hybrids Standardizing key fleet management processes

Building Energy		
By March 2009, an action plan to reduce GHG emissions in Health Canada's custodial laboratories will be developed and implemented (2.2.2) **Supports Federal Goal III and GGO Goal 'Other custodian departments and agencies will establish and report on meaningful departmental targets in support of the overal FHIO target for building by 2010'**	Level of GHG emissions	With consultation and cooperation with RPFMD Custodial Portfolio, establish baseline data, tracking mechanisms and develop action plan
Procurement		
By March 2010, all materiel managers and procurement personnel will attend a recognized training course on green procurement offered by Public Works and Government Services Canada (PWGSC), Canada School of Public Service (CSPS), or any other federal government department. (2.3.2) **Supports Federal Goal III**	Number of materiel managers and procurement personnel trained Increase in level of knowledge and awareness on green procurement	Advertise Green Procurement training courses offered by PWGSC and CSPS to all materiel managers and procurement personnel Updated internal procurement training material Review action plan on green procurement training for the department and conduct a follow-up survey to assess increase in knowledge and awareness of green procurement
Training		
Health Canada will join with other government departments and the CSPS to design and deliver new Government of Canada Sustainable Development training material. Delivery to begin by December 2007. (2.4.1) **Supports Federal Goal VI**	Formal inclusion of the SD course (#727) in the CSPS program of studies Number of Health Canada employees that successfully complete the course	In 2008, the new course will be part of the regular course offerings of the CSPS Policy analysts will be better trained in the application of SD principles in their particular domain

Integration		
By the end of 2008, as a pilot project, Health Canada will apply a sustainable development lens to select policies and programs. (3.1.1) **Supports Federal Goal VI**	Final revision and printing of the SD lens following the completion of a pilot Presentation of the lens and pilot results to management committees as a tool to be applied in the development of all planning documents including Memorandum to Cabinet and Treasury Board Secretariat submissions Inclusion of the lens in planning and policy development process	In 2008-09, final revisions and improvements to the lens will be made based on feedback received from the pilot with the Health Policy Branch The lens will be introduced to senior management to secure support for its inclusion in planning and policy development process

Update on the Health Canada Sustainable Development Policy Suite: Policies the Department has adopted to advance Sustainable Development

Sustainable Development Policy

Since its first SDS, Health Canada has worked to create a culture that recognizes the importance of sustainable development in the planning and delivery of our strategic outcomes. Approval of a Sustainable Development Policy in December 2000 enabled the integration of five key principles (shared responsibility, integrated approaches, equity, accountability, and continuous improvement) into the Department's third SDS and acted as guiding principles for the development of the fourth strategy covering the 2007 to 2010 period.

Environmental Management Systems

The importance of sound environmental management of our operations and activities was underscored in the creation of the 2000 Health Canada Environmental Management Policy and the development of the Environmental Management Systems (EMS) Division. The use of an EMS, a tool for managing compliance, minimizing negative impacts and risks to the environment, and for continual improvement, supports the principles of sustainable development. The priorities of the EMS Division include:

- maintaining and improving the departmental EMS including its supporting policies and database
- implementing actions in support of its own SDS targets
- fostering environmental stewardship

Strategic Environmental Assessment

While environmental management of operations and activities is done through the EMS process, Strategic Environmental Assessment (SEA) offers a systematic and comprehensive process for evaluating the environmental effects of a policy, plan or program and its alternatives, at the earliest stage of planning. Health Canada has a requirement to complete SEAs in conformance with the 2004 Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals. The Department has developed a policy and guidelines for SEA to support departmental efforts to ensure proposals with important positive or negative environmental effects are identified and that these effects are either enhanced or mitigated in the implementation of the policy, plan or program. SEA training is currently offered to Health Canada analysts in both the National Capital Area and in the regions.

In 2008-09, the Office of Sustainable Development (OSD) will revise the 2004 Health Canada Policy and Guidelines on Strategic Environmental Assessment to formalize new protocols and practices to improve SEA management in response

to the recommendations made by the Commissioner of the Environment and Sustainable Development. The policy changes combined with aggressive, professional SEA training will ensure that environmental considerations are better reflected in all departmental documents submitted to the Minister or to Cabinet for decision.

The following additional tables can be found on the Treasury Board of Canada Secretariat's website at http://www.tbs-sct.gc.ca/est-pre/20082009/p3a_e.asp.

Details of Transfer Payment Programs
Evaluations
Foundations (Conditional Grants)
Green Procurement
Horizontal Issues
Internal Audits
Progress Toward the Department's Regulatory Plan
Services Received Without Charge
Sources of Respendable and Non-respendable Revenue
Status Report on Major Crown Projects
User Fees

4

OTHER ITEMS OF INTEREST

Health Canada's Regional Operations - An Overview

Health Canada provides programs and services to Canadians in every province and territory in the country. Over one-third of Health Canada's employees work in communities outside the National Capital Region.

This cross-country presence allows Health Canada to deliver national services in a way that responds to regional issues and priorities; to develop relationships, partnerships and local knowledge that contribute to both the design and the delivery of effective programs and policies; and to build on opportunities for local collaboration with other governments, partners and stakeholders.

In 2008-09, Health Canada's regional operations will help the department realize these benefits through ongoing collaborative and consultative work, as well as by delivering on the Department's mandate through regional projects and initiatives.

REGIONALLY-RESPONSIVE SERVICE DELIVERY

Health Canada's regional staff will continue to deliver programs and services that respond to the needs of people and communities across Canada.

They will conduct inspection and surveillance activities related to consumer products, controlled drugs and substances, pesticides, and health products , building on local knowledge of manufacturing, importing and retail activities in each region.

Health Canada staff will conduct locally-based risk assessments and evaluations and provide health advice to federal employees, provinces and municipalities related to chemical contaminants and exposure levels, drinking water standards and work environments.

They will work with First Nations and Inuit communities to provide community-based health promotion and disease prevention programs and Home and Community Care Programs, and to help these communities develop emergency preparedness plans suited to their unique needs.

The ACCES Project in Quebec Region is an example of an initiative that will deliver Health Canada's services to First Nations in a way that responds to client needs and issues. The project will designate an officer to serve as a "single window" for each community to access Health Canada. It will help communities improve their capacity to plan and implement health programs and will support improved management and accountability.

Regions will also continue to implement projects using the Aboriginal Health Transition Fund to improve the integration of provincial/territorial and federal health services, and better meet the needs of First Nations and Inuit communities.

OUTREACH AND INFORMATION

Through outreach and collaboration with governments, clients and partners in the regions, Health Canada's regional staff makes a critical contribution to the Department's knowledge base, as well as building awareness among clients in the region and providing opportunities for local stakeholder input.

The regions will continue to fund disease surveillance for First Nations and Inuit communities as well as provide intelligence on local health policy and health systems issues to support departmental policy and program development.

They will carry out consultations and share knowledge and intelligence, both to provide information to stakeholders, and to gather and assess regional views and interests in order to help shape national policies and regulations.

In the Atlantic Region, for example, Health Canada will work with a policy network of Health Portfolio partners to coordinate a horizontal approach to regional mental health initiatives. In addition, the Atlantic and Alberta regions will work together on a five-year initiative to develop and improve population health surveillance capacity for First Nations.

COLLABORATION WITH REGIONAL PARTNERS

In a number of regions, Health Canada is entering into collaborative agreements with partners to ensure that services are integrated to cover a range of clients' needs. The Tripartite First Nations Health Plan in the British Columbia (BC) region is an example of collaboration among the provincial government, Health Canada and First Nations that will move into its implementation phase in 2008.

The tripartite model is being adapted and pursued in other regions. For example, in the Ontario region, a First Nations Public Health Initiative will be established among the provincial Ministry of Health and Long-Term Care, the Chiefs of Ontario and Health Canada to promote an integrated approach to public health on reserve.

In the Northern region, similarly, collaboration will help improve accountability and client care. The Northern region will continue to collaborate with the Government of Nunavut, through a co-management forum, to identify priorities for the administration and delivery of the Non-Insured Health Benefits program in Nunavut, and to foster a dialogue on issues of shared concern.

The Product Safety Program is another area in which collaboration with local partners improves effectiveness. Health Canada's officers will continue to work with counterparts from Environment Canada and the Canada Border Services Agency to increase their scope for inspection and detection of unsafe products entering Canada.

The National Anti-Drug Strategy also creates opportunities for partners in the regions to work together to provide an appropriate range of services. In the BC region, Health Canada will work with provincial and municipal partners to develop innovative and integrated programming to address issues of addiction and substance abuse.

Through activities such as these, matching national directions to local conditions and opportunities, Health Canada's regional presence will continue to help the Department to maximize the reach and effectiveness of its programs and resources.

Advancing the Science Agenda

Over the past few years, Health Canada has strengthened its ability to perform and use science. Particular attention has been given to addressing the following priority areas:

- **Science advice - Promoting the effective use of science in policy making:** Assisting the Department in employing quality science advice in its policy and regulatory decisions;
- **Science management - Enhancing science capacity and quality:** Encouraging due diligence and ensuring Health Canada has the science capacity it needs to meet current and emerging challenges; and
- **Science promotion - Raising awareness and understanding of science conducted at Health Canada:** Improving stakeholder and public understanding of departmental science and its contribution to the health and safety of Canadians.

SCIENCE ADVICE

The Department will consider how best to implement the recommendations from a 2007-08 review of the Departmental Science Advisory Board to ensure the continued effectiveness of external science advice to the Minister.

As a science-based department, Health Canada must ensure that its research is conducted in a responsible manner. Health Canada's Research Ethics Board (REB), an independent body of experts, will continue to ensure that research involving humans that is funded or conducted by the Department meets the highest ethical standards. Other planned activities include the provision of research ethics training to researchers in the Department and in the Public Health Agency of Canada (PHAC), and the development of a Health Canada science integrity policy to strengthen the oversight and governance of departmental science and research.

SCIENCE MANAGEMENT

Mobilizing Science and Technology (S&T) to Canada's Advantage, the Government of Canada's new S&T Strategy (federal Strategy), provides a multi-year framework for action aimed at strengthening the contribution that S&T make to Canada's economic development and social well-being. Health and related life sciences and technologies is identified as a priority sector within the federal Strategy. Health Canada will continue to coordinate departmental and Health Portfolio (Canadian Institutes of Health Research and PHAC) implementation of the health-related policy commitments of the federal Strategy. In addition, Health Canada will continue to work with members of the federal S&T community to develop government-wide S&T initiatives. Health Canada will continue to champion the federal S&T community's pilot Scientists as Leaders Development Program. Health Canada is currently working with other departments to evaluate the pilot and determine the feasibility and value of continuing the Program.

The Department will finalize and implement a Health Canada S&T Strategy. The departmental Strategy, which provides a policy framework for the identification of science priorities over the next five to ten years, will enable the Department to be more responsive to the needs of Canadians. The Department will also develop improved internal approaches for better linking science, science policy and policy development.

Northern S&T has achieved significant prominence in Canada in recent years and the 2007 Speech from the Throne further strengthened the Government of Canada's commitment to this issue. Health Canada will develop a departmental plan for addressing Northern S&T issues and will identify opportunities to participate in Government of Canada activities in this area.

The Department will continue to pursue strategic partnerships and linkages with external partners/stakeholders to access the science and augment the science capacity needed to fulfill the

Department's regulatory and policy responsibilities.

Health Canada will continue its efforts to support the recruitment, retention, development, and promotion of scientists. The Department will continue to enhance its Post-Doctoral Fellowship Program, as well as departmental participation in the Natural Sciences and Engineering Research Council's Visiting Fellowships Program, to ensure they remain responsive to departmental needs.

SCIENCE PROMOTION

Health Canada will continue its efforts to raise awareness and understanding of the science and research it conducts and uses, including through frequent updates to relevant pages on the departmental Internet site. The Department will host its annual Science Forum to showcase the work of its scientists and researchers and discuss the cutting-edge science that informs policy and regulatory decision making. The Forum will also facilitate linkages and information sharing between departmental researchers and decision makers and counterparts from across Canada.